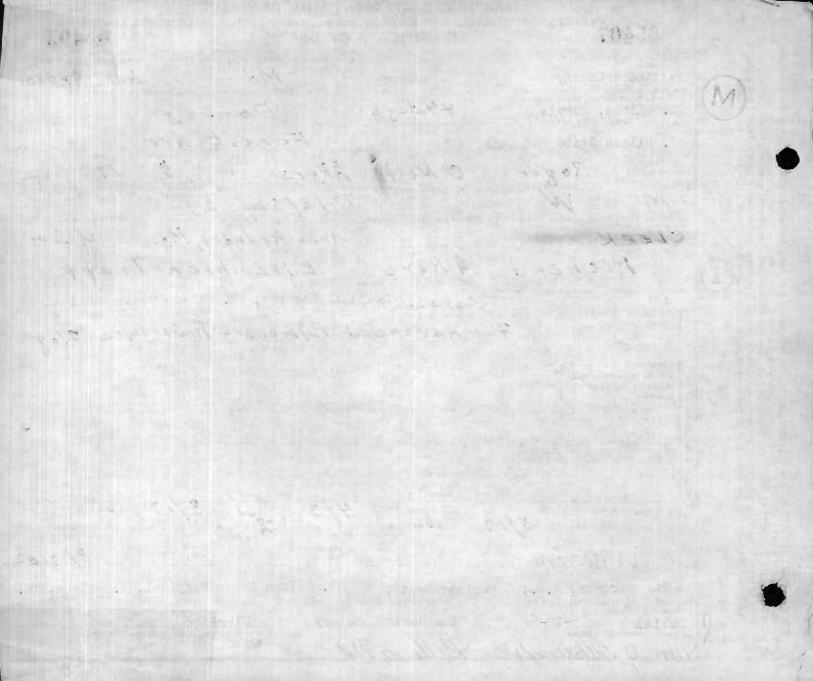
	H	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05403
eral uld	V.	
s after funeral should		1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE b. COUNTY b. COUNTY
our our	7	Baltimore County Maryland Md. Hune Arcade
by dead	M)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
S in S		Mt. Wilson, Maryland 44days Dorsey 02x-2
illed i ages	02	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
sy f		Mt, Wilson State Hospital /- CI-est Ave YES NO X
olete apei		DECEASED 17
omo nin		(Type or print) 170 ger O'Neil AKers DEATH 5 17 1962
P P P		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Ho
n ar ca ant,		WIDOWED DIVORCED 7 8/32 29 yrs.
ifica		10a. USUAL OCCUPATION (Give kind of work done during med of working 1/2 citizen OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hys rem		CLERK Anne Arunde Md. U.SA.
ath ong p	0	13. FATHER' NAME
de de	(T)	Michard Akers Elizabeth Irapp.
the atter	(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no., or unkown) (Ifyes givawar or dates of service)
hat he mov		No 15-28-2629 Hospital Records, Mt. Wilson State Hospital
es ti cian by I rmit		18. CAUSE OF DEATH [Enter only one ceusa per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
quir ysic ed t pe		IMMEDIATE CAUSE (6) TO THE
re sign sign sign		002. / DUE TO
ding ding en en-		Conditions, if any, which gave rise to immediate cause
The tten s be suria		(a), stating the underlying DUETO
ha ha uria	Λ	ceuse lest. (c)
IA) tal cate cate as tl	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? YES NO
SIC Spirifi rriffi se a		YES NO NO
e he		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH FITHER, NOTIFY MEDICAL EXAMINER
thin this ad fe		
d by Affer ache		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Hour a.m. While Not While et work at work at work at work
N. O. H. det		
E S S S S		21. I certify that (I) (this hospital), attended the deceased from 4,3, 1962 to 5,17, 1963 that (I) (we) last
P P P P P P P P P P P P P P P P P P P		saw the deceased alive on
Sho Sta		22e. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED
14 1 e	,	Milivarmen M.D. PHYS. DIRECTOR PHYS. 3/17/62
ITA Sage RA Pag vith		22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
or, be		Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md.
F. File		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sleta)
Sec. F	N	Burial 15-22-62 Glen Haven Cemetery Elkridge Maryland
VR A15 (4)	YN	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D. BY REGISTRAR'S SIGNATURE 250. REC'D. BY REGISTRAR'S SIGNATURE
15M 9/60	th.	YUM O SUCKNEW or Sons Dalls of Mrd. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05408

CERTIFICATE OF DEATH 05404

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
e. COUNTY Baltimore MARYLAND	o. STATE Md. Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
PARKVILLE	X YARKUILLE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS e. IS RESIDENCE
2519 wendover Rd	2519 Wendover Rd. ON A FARM? YES NO □
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer
(Type or print) Clara Ethelinda	Allen DEATH MAY 24 1963
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min
Finale White WIDOWED I DIVORCED	63 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retiged Clerk Md. Sport Service	Baltimore, Md. U.SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Washinghton Russell	Ida MAY MYERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yes, no, or unkown) (If yes give wer or detas of service)	MR JOHN DALLEN-1438 LANGford Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED 8Y:	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCER OF	breast 3/2 years
170 X DUE TO	J
Conditions, if any, which (b)	
geva rise to immediate ceuse	
(e), stating the undarrying	
14/	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
CAI	YES NO .
ZOP. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter natura of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	man. 1963, to may 24, 1963, that (1) (we) last
saw the deceased alive on May 20 1962, and that	death occured at
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Desald landers	D. PHYS. DIRECTOR PHYS. D
22c, PHYSICIAN'S	22d. ADDRESS
NAME (Type) R. Donald Jandert	born Hartord Ka
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
REMOVAL (Specify) 5-28-62 Ballo Nat	I Comiting Balto . Md.
24 FUNERAL DIRECTOR'S SIGNATURE // ADDRESS	250. RPC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1. 1. Olishin land Bills in	20 1 MAY 2 8 '62 Century S. France
The And Account the series 11'	//CA , DATE

20310 MARKET CO. The street No. of the street No. of the street No. THE PERCHASING THE PROPERTY OF Charles with the Description of the Marks ALL STREET, ST ALC TE VOICE and the state of the state of the

e. IS RESIDENCE

YES NO IX

Yes

19 62

Hours

INTERVAL BETWEEN

ONSET AND DEATH

UNKNOWN

PERFORMED?

YES

NO

(Stete)

22b. DATE

(Stete)

SIGNED

IF UNDER 24 HRS.

Min

ON A FARM?

V 4. Silver of the State of the Stat

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
05410 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05	406
o. COUNTY o. STATE Md. b. COUNTY Balk	,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) ERICK CARMEN AMOROSO DEATH MAY-9	1965
MALE WHITE WIDOWED DIVORCED 7-9-45 lest birthdey) Months Deys 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign country) 12. CITIZEN	R IF UNDER 24 HRS. Hours Min. OF WHAT COUNTRY?
Shipping Clerk Balto. Md-U. 13. FAMHER'S NAME 14. MOTHER'S MAIDEN NAME 1. MOTHER'S MAIDEN NAME	1.9.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyosgive were redetes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Carents Same as ali	oue)
PART I. DEATH WAS CAUSED BY: ANDON MONOXIDE POISONING -	NTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate causa DUF TO	
(a), stating the underlying cause last. (c)	PERFORMED?
206. EXTERNAL CAUSE WAS PRIMARY'S OF CONTRIBUTING ON CONTRIBUTING ON CONTRIBUTING ON CAUSE OF DEATH. OVERCOME by GAS HIN White CARRES IN A.	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 205. PLACE OF INJURY (Home, farm, 20t. (City or town) Gounty) While Not While of work at work work work work work work work work	V My
21: I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry 1 an death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	d in my opinion
ACTUAL SIGNATURE AND AND DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE	PATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	Md.
23. FUNERAL DIRECTOR Connelly 418 Eastern Blud, (21) DAKEN 1 4162 Cultur S. Trans	
))	1. PLACE OF DEATH D. COUNTY D. COUNTY

DOLLAR CHIEFE STATEMENT STATEMENT OF STATEME Exercise to several management of the several Christian in the same when the warming

		MA	ARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RI	CERTIFICATE OF DEATH	1 MARYLAND
M	1.	PLACE OF DEATH		livad, If institution: Residence before admission
VI	1	a. COUNTY / Timer	a. SIAM 7 my / 7 m d	b. COUNTY
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If Guiside corporate li	mits, write RURAL and give nearest fown)
1	1	1 moneum	12yrs X Timoni	·um.
X		a. NAME OF HOSPITAL OR INSTITUTION (IF IN	of in hospital, give speet address)	ON A FARM?
	3.	NAME OF DECEASED First	Middle A Lest 4. DATE	Month Day Yeer
	_	(Type or print) Kuth	Pyle Amos OF DEATH	Tay 25, 1960
	5.	SEX 6. COLOR OR RACE 7.	- 1 00 0 mil	(In years IF UNDER 1 YEAR / IF UNDER 24 HRS. Months Days Hours Min.
	1Da	. USUAL OCCUPATION (Give kind of work	VIDOWED DIVORCED JAN STATE COUNTY & State, or foreign	yrs.
	5	o during most of working life, aven if retirad) UPGTVISCP	Recreation Baltimore Co. N.	1d 7. S.A.
	13.	FATHER'S NAME	14. MOTHR'S MAIDEN NAME	7.1
1	15.	WAS DECEASED EVER IN U.S. ARMED FORCE	1 C S CY W	150n pp1
)	(Ye	s, no or ankown) (If yes give war or dates of serv	21220-7017 Jaman 7 Ganas 7	Torsuch Hely
		18. CAUSE OF DEATH (Enter only one ca	use per line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral Hims	whag Im
		Conditions, if any, which (b)	Hy her Tuning	3 ms
		gava rise to immediate cause (a), stating the underlying DUE TO	19/1000000	
		cause last. (c)		v
0	ATION	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDI	PERFORMED?
	CERTIFICA	20a. ACCIDENT WAS UNDERLYING 2	0b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of iter	YES NO -
	I CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour a.m.	2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, '2Df. (City or tow while Not While States) fectory, street, office bldg., etc.)	rn) (County) (State)
	X	p.m. 19 21. I certify that (I) (this hospital)	at work at work at work at the deceased from the	lay 2 . 3 19 . 6 . 2 that (1) (we) la
		saw the deceased alive on	04100 60	
		22a. SIGNATURE	ATTENDING MED. STA	22b. DATE SIGNE
		22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHY	S
1		NAME (Type) MILIE	BORINER WHITE H	4 LL, (VID)
	234	BURIAL, CREMATION, 23b, DATE THEREO	1010 111 - 1 1 Town VIII T	(City town or county)
B	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PREGISTRAR	25b, REGISTRAR'S SIGNATURE
15	1	Jacob Harleis lein.	New Feroedom, Ta, DATE	
6	17		WAY 2 9 62	arthur S. Flower

1 13 38 1 14 Consuer File Jan 21 1923 39 Kerrelian Entimeral is the Elita THESTER THE COLL Cames 14/8 Me - Carlotte Committee - 2012 Committee - Carlottee -THE RESERVE TO SERVE TO The second secon Com a de transfer man 41124 22 - 6 To - Che - - - Falls - to be larger to state a series of the series of the MILNER BURTIVER WHITE HALL MID Large T. Har 28 192 W separa Conceller I'm a then I'm

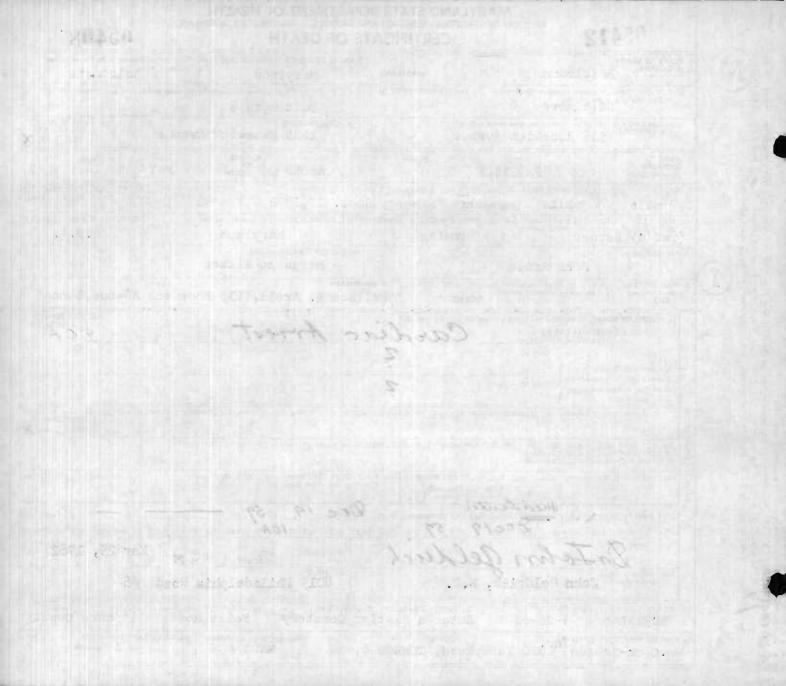
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05408

1.	a. COUNTY Ba	ltimore		MARYLAND	a STA	Maryla		lived. If institut b. COUNTY		before odn	iissian)
	b. CITY OR TOWN (If RURAL and give ned Ba	outside carporate limi rest town) Trimore	6 c. LENC	OTH OF STAY IN 18	c. CIT	Y OR TOWN (If o		rate limits, write l	RURAL and gi	ve nearest to	wn)
	d. NAME OF HOSPITA OR INSTITUTION 5	L (If not in hospital, g 35 Rosewic	ive street address) k Avenue		d. ST	1535 R	osewic	k Avenue	2	ON	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	Fir	ERICK	Middle	173	AROLD	4. DATE OF DEATH	Ma MA		24	Year 19 62
S.	male	6. COLOR OR RACE white	7. MARRIED N	DIVORCED		23,1879		9. AGE (In years last birthday) 82 yrs.	Manths [YEAR IF UN Days Haus	
10	during most of working (ret d) Far	ng life, even if retired)		BUSINESS OR INC	OUSTRY 11. B		or foreign coryland		12. CITIZ	U.S.	
13	. FATHER'S NAME	John Arol	d		14. MO1	Margare		er			J. H
	. WAS DECEASED EVER (es, no, or unknown)	IN U. S. ARMED FOR			informant allace	R. Arol	d,1535		k Aver	ue,Zo	ne 6
	PART I. DEAT	mediate (<u> </u>	/	ac	Arre	est			INTERVAL ONSET AN	BETWEEN ND DEATH
FICATION		R SIGNIFICANT CON							VEN IN PART	1(a) 19. WA PER YES	FORMED?
MEDICAL CERTIFI	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	ur 20d. INJURY OG While Not at wark at v	while wark	PLACE OF IN. factory, street	JURY (Hame, farm , affice bldg., etc.	, 20f. (City	ar tawn)		iunty)	(State
	21. I certify that saw the decease 22a. SIGNATURES	W (this hospital) attended the	deceased from					nd an the	date state	ed abave
	22c. PHYSICIAN'S	John Geldr	gelo ich, M.D.	duch	22d.	ADDRESS Phi	RECTOR .	STAFF M PHYS. M hia Road		5, 190	52 SIGNED
23	a. BURIAL, CREMATION RESORTAL Recify)	5-26-62		AME OF CEMETERY er"s Bapt	OR CREMATO	metery		ION (City, tawn, s Road,			tate) ounty
24	FUNERAL DIRECTOR'S	signature son, 1050		d, TOWSON	4, Md	2Sa. REC'I	AY 2 8		ISTRAR'S SIGI		

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VR A1S (4) 1SM 9/S9



P	1	PLACE OF DEA	TH					OF DEA		n deceased	lived If ineti	itution, Reside	nce before a	dmission)
S IVI		COUNTY	Balti	more		MARYI		a STATE	d.		b. COUNTY	-		idinission,
deat		b. CITY OR TOWN write RURAL a	l (if outside corpo nd give nearest t	orate limits,	c.	LENGTH OF STA	Y IN 1b	c. CITY OR TOW			mits, write RU	JRAL end give	neerest tow	(n)
fier of			Caton	svill					altimo	ore		3 V	01.4	
Page 40		Shady N	ook Nu	rs.Ho	me.	give street addre		d. STREET ADDRE		Rd.				SIDENCE A FARM?
pierers. 72 ho		NAME OF DECEASED (Type or print)	Fra	first nk		Middle	В	last	4. DAT		Month ay	31.		62
arbon f		SEX M.		OR RACE 7.	MARRIED [NEVER MARRIED	8. D/	1.1.188		9. AGE	(In years IF L	UNDER 1 YEAR	17	
eveni eveni	10a do	. USUAL OCCUP.	ATION (Give kind working life, ever	d of work n if retired)	10b, KIND C	OF BUSINESS OR	INDUSTRY 1	1. BIRTHPLACE (C				12. CITIZEN	OF WHAT C	OUNTRY?
e rem		Retired FATHER'S NAME		Bal	to. T	ransit		MOTHER'S MAID	ngland DEN NAME	L		U	ISA	
Pleas E. ad day			Frank					Louise	Dabor	ne				
	15. (Ye	WAS DECEASED s, no, or unkown)	(Il yes give weron	MED FORCES dates of service	ce)	05 000					Address			
it. 1		18 CAUSE OF	DESTRUCTION		213	05 966'	/ Mr.	rank A.	.Badar	t.13	00 R1	dge R	d.Ca	tons vi
>E-			DEATH ICHIEF	only one cau	se per line lo	r (e), (b), and (c)						IN	TERVAL BET	WEEN
sit per on, or			ATH WAS CAUSI	ED BY: AUSE (e)	use per line lo	(e), (b), end (c)).)	e (c	FINE) IN	ITERVAL BET INSET AND I	WEEN DEATH
al-fransit per emation, or		PART I. DE.	TH WAS CAUSE IMMEDIATE CA	ED BY:	1	ImM.	home	a Cc		PL	1280) IN	NSET AND I	WEEN DEATH
burial-transit per ial, cremation, or		PART I. DE. 202; Conditions, if e geve rise to imme (e), steting the	ATH WAS CAUSE IMMEDIATE CA	ED BY: AUSE (e)	1	ImM.	home	The second		PL	1280		NSET AND I	WEEN DEATH
the burial-transit per burial, cremation, or	NO	PART I. DE. 202 Conditions, if e geve rise to imme (e), steting the cause last.	ATH WAS CAUSE IMMEDIATE CA	ED BY: AUSE (e) DUE TO (b) DUE TO (c)	A Pu	press	LEMAN EMSS DOWN	a Cc	0 E	nno	12:00 11:-0.	nsous	19. WAS A	LUTOPSY
e as the burial-transit per or to burial, cremation, or	ATION	PART I. DE. 202 Conditions, if e geve rise to imme (e), steting the cause last.	ATH WAS CAUSI IMMEDIATE CO my, which diate cause underlying	ED BY: AUSE (e) DUE TO (b) DUE TO (c)	A Pu	press	LEMAN EMSS DOWN	isnifi isnifi	0 E	nno	12:00 11:-0.	nsous	19. WAS A	DEATH
of for use as the burial-transit per lith prior to burial, cremation, or	CERTIFICATION	PART I. DE. 202 Conditions, if e geve rise to imme (e), steting the cause last.	ATH WAS CAUSI IMMEDIATE CO my, which diate cause underlying IER SIGNIFICANT WAS UNDERLYIN G	ED BY: AUSE (e) DUE TO (b) DUE TO (c) CONDITION	NS CONTRIBU	PARAMENTAL TIMES TO DEATH	A THAT A	isnifi isnifi	RMINAL DISEA	AND SECONDIT	12 E 0 11 - 0	nsous	19. WAS A PERFO	LUTOPSY PRMED?
detached for use as the burial-transit per . of Health prior to burial, cremation, or	MEDICAL CERTIFICATION	PART I. DE. Conditions, if e geve rise to imm. (e), steting the cause last. PART II. OTH	ATH WAS CAUSI IMMEDIATE CO	ED BY: AUSE (e) DUE TO (b) DUE TO (c) CONDITION	NS CONTRIBE	TOURS OF THE PROPERTY OCCURRED NOT While	CCURED. (En	isplfi Edemp	RMINAL DISEA y in Part I or Pa	AND SECONDIT	12 E 0 111 - 6. 110 N GIVEN	nsous	19. WAS A PERFO	LUTOPSY PRMED?
be detached for use as the burial-transit per Dept. of Health prior to burial, cremation, or	ZAL CAL	PART I. DE. Conditions, if e geve rise to imme (e), steting the cause last. PART II. OTH 20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI 120c. TIME OF IN Hour e.m.	ATH WAS CAUSI IMMEDIATE CO	ED BY: AUSE (e) DUE TO (b) DUE TO (c) CONDITION NG	NS CONTRIBU	TING TO DEATH HOW INJURY C	CCURED. (En factory,	isble	RMINAL DISEA y in Part I or Pa	SE CONDITION OF TOWN	12 E D 112 - C. 110 N GIVEN 118.)	(NSBQ LA)	19. WAS A PERFC	OLITOPSY ORMED?
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MARYLAND STATE DEPARTMENT OF HEALTH

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PYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) TOWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? CON VALESCENT HOME YES NO NAME OF Middle You DECEASED (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Davs Hours WIDOWED X DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country) done during most of working life, even if retired) ELECTRICAL RNG. RET. ACK & DIECKER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) NONE 18. CAUSE OF DEATH [Enter onfy one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY EREBRAL INFARCTION IMMEDIATE CAUSE (e) (6) PAROXYSMAL AURICULAR FIBRILLATION Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying 10) ARTERIOSLEROTIC HEART causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PERFORMED? ASTHMA; URINARY TRACT IN FECTION NO T 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (Steta) Month, Day, Yeer 20f. (City or town) (County) Not While factory, street, office bldg., etc.) Hour a.m. Whila et work at work 19.62, and that death occurred at 15.45M, from the causes and on the date stated above 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 25 WPA.A 22c. PHYSICIAN'S SOMERVILLE TOWSON & MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. S dig (Specify) STATE ANATOMICAL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chilly S. House 1SM 7/61 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
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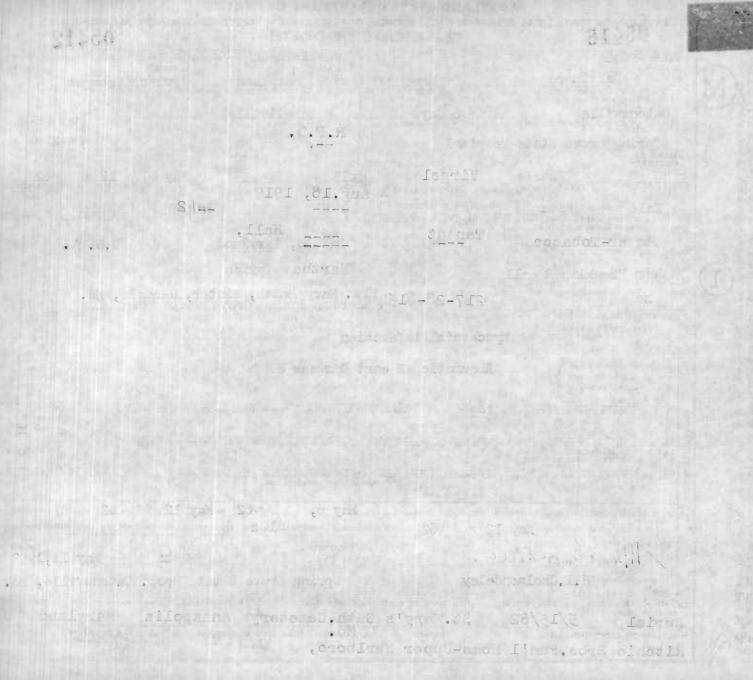
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss
Baltimore Maryland	. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown)
Dundalk 20 yrs.	X Dundalk
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give streat eddress)	d. STREET ADDRESS a. IS RESIDE
Res., 2523 West Woodwell Rd.	2523 W. Woodwell Rd. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	BALL DEATH May 1.6,. 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H ast birthday) Months Days Hours Mi
Female White widowed Divorced	Sent. 14, 1879 822 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	
Housewife	West Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Mc Million	Hanora Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, of unknown) (Ifyesgive war or datas of sarvica) 16. SOCIAL SECURITY NO. 17.	
	rs. Mazie Sizemore 2523 W. Woodwell
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMERIATE CAUSE (a) ORD A RY	Occhusion INTERVAL BETWEEN ONSET AND DEATH
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(a), steting the underlying DUE TO	
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	PERFORMEI YES NO
	D. (Entar nature of injury in Part I or Pert II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PI	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PI Hour e.m., P.m. 19 at work et work	ctory, streat, offica bldg., etc.)
	man 19 , 1940 to may 16 , 1962, That (1) (we)
	at death occured at
220. SIGNATURE	
Morris a fredo	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DA SIGN
22c. PHYSICIAN'S NAME (Type) Morris A. Jacobs	1010 North Pt. Road Balt 22, Mo
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	
Buria (Secity) May 18, 1962 Gardens of	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JOHN J. DUDA 7922 Wise Ave. 22. M	DATE MAY 22 162 Critical S. Kines

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0.541 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)

a, COUNTY	2.1.		e. STATE		b. COUNTY		./
	altimore	MARYLAND	Mary	land	Prince Climits, write RURAL and	eorges	V
	l (if outside corporate limits, nd give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL at	nd give nearest tov	wn)
Catonsv		6 days	Mitchel]		10	X'd	
d. NAME OF HOS	PITAL OR INSTITUTION (if not in	hospitel, give street address)	R.F.D.				A FARM?
Spring	Grove State Ho	snital	Rt. 2 Bo	x 28		YES X	NO
NAME OF	First	Middle	Last	4. DATE	Month	Day Yea	r
(Type or print)	Charles	Virgel Be	all	OF DEATH	May	12 19	62
SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED X 8.	DATE OF BRITH 19:		E (in yeers IF UNDER birthday) Months		R 24 HRS.
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	-Tobacco	Tenent	STALL STALL STALL STALL STALL			TT CL A	
FATHER'S NAME	-100000	T. C. T. SI	14. MOTHER'S MAIDE	LAWE STILL		U.S. A.	
John Fr	anklin B eall		Martha	Tayman			
. WAS DECEASED I	EVER IN U.S. ARMED FORCES?		FORMANT		Address		
no, or unkown)	(If yes give wer or detes of servica)	217-28-815 Mrs	Mary Smi	th, sister	Glendale	Md.	
18. CAUSE OF	DEATH [Enter only one cause	per line for (a). (b), end (c).	ords: Sprin	ig Grove 5	rare Hosbi	I INTERVAL BE	TWEEN
	ATH WAS CAUSED BY:	por mile 10. (2), (0), one (0),				ONSET AND	
// / / .	IMMEDIATE CAUSE (e) My	ocardial infarcti	on				
416X							
Conditions, if a	ny, which) (b)	Rheumatic H eart	Die and a				
gave rise to imme	idiata causa (this mist are it sear of	TITO GEO G				
(e), steting the	underlying DUE TO					1000000	
ceuse lest.) (c)			What Bushase Column		DT 24 34 40 34445	ALIXODEW
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	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of its	am 18.)		1
	FY MEDICAL EXAMINER)						
20c. TIME OF IN	JURY Month, Dey, Yeer 2		E OF INJURY (Home, fe		iwn) (Co	ounty)	(State)
Hour a.m		While Not While fecto	ry, streat, office bldg., el	(c.)			
p.m	. 17		36 /		7.0	10	
		ttended the deceased from					
saw the dece	ased alive on May]	2 1%2, and that	death occured at]	OaM, from the	causes and on	the date state	ad abov
22e. SIGNATUR							b. DATE
119.6	holmondelle	́у. м.			TAFF HYS.	May 12	1962
22c. PHYSICIAN NAME (Typ		eley	Spring Gr	ove S tate	e Hosp. Ca	tonsvill	e, Md
3. BURIAL CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATIO	N (City, town or cour	nty) (Stete)
REMOVAL (Speci	fv)	St.Mary's Ca			polis	Marylan	bi
Burial	5/15/62		707-7		-		
FUNERAL DIRECT		ADDRESS		EC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
Ritchie	Bros Fun'l H	lome-Upper Marl	boro, DATE	RAI I O OL	Carronage 1		

signed by the attending physician and co-ansit permit. Then please remove carbon The law requires that the death certificate removal, may be retained by the hospital of DIRECTOR: After this certificate 3 should be detached for use as the State Dept. of Health prior to but director, page 3 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE 1528 Hanoven ST. ON A FARM? YES NO IN 1962 1/aug (Type or print) DEATH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months Devs DIVORCED WIDOWED 3 12. CITIZEN OF WHAT COUNTRY? 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, aven if retirad) TOUSE wite 16. SOCIAL SECURITY NO. 1 17. INTERVAL BETWEEN 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: no scherotic and year IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 4 DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) 20c. TIME OF INJURY factory, straet, office bldg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Oct 22h. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. TO HC Page 7 M.D. 22d. ADDRESS filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Steta) REMOVAL (Specify) BURTAL Western Cemetery Raltimore 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2 15M 9/60

ND STATE DEPARTMENT OF HEALTH

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AND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) e. COUNTY b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerast town) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARMI 421 Academy Road 421 Academy Road YES NO 3. NAME OF Middla 4. DATE Month Year DECEASED OF (Type or print) Blickenstaff DEATH Marv 19 with 72 h 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months White WIDOWED DIVORCED June 20 1912 ge 5 and 3 within J within 24 hours after 18. Give Pages 1, 2, th form PM3. Page 5 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) Home Duties pages Home 13. FATHER'S NAME 14. MOTHER' 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO permit. (Yes, no.for unkown) | (If yes give wer or detas of service) with in Item H.Ronald Blickenstaff executed 121 Academy 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). Office along INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suffocation by placing a plastic bag over her in pencil IMMEDIATE CAUSE (e) MEDICAL EXAMINER: This certificate should be DUE TO 0 head also pillow over bag Conditions, if any, which (b) "pending" FO. Examiner's geve rise to immediate ceuse DUE TO 95 (a), steting the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY e certificate, writing the word "y arded to the Chief Medical Exa (RECTOR: Page 3 should be us ignated agent, prior to burial, c CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chi 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (Stete) factory, streat, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | . Inspection and in my opinion death resulted from: Natural causes Accident Suicide 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 1010 Leeds Ave 29 Goo.S.M. Kieffer M.D. 22e, BURIAL, CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Specify) Q 4 0 BURIAL VR A15ME MAY 2 8 '62 5M 1/62

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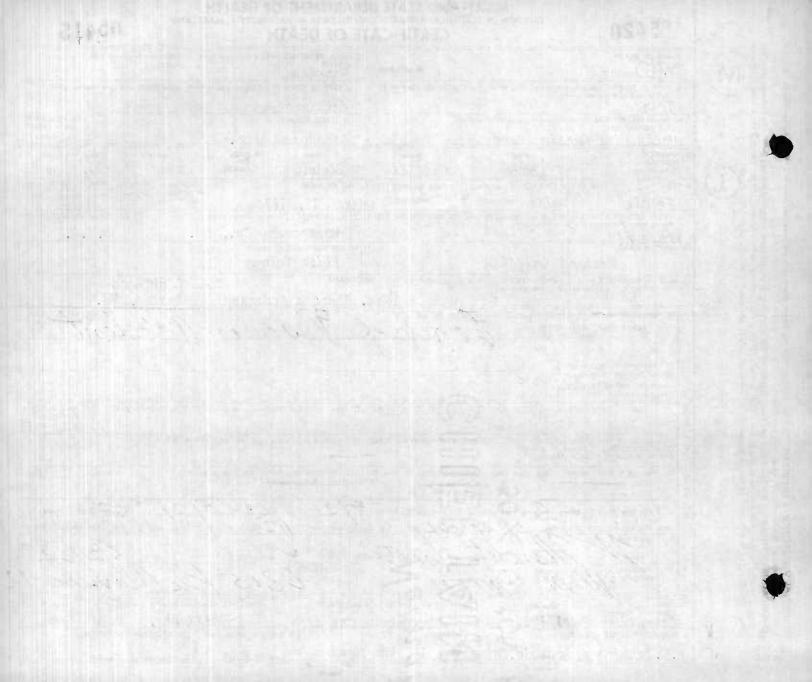
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05415

DIVORCED Match 18, 1870 99 yrs.	o. county, Baltimore		MARYLAND	o. STATE Maryland		COUNTY	ence befare admission	
d. NAME OF HOSPITAL (If not in hospital), give street address) A. SARE ADDRESS ON A FARMING OF NOSTITUTION Holly Hill Nutain Home Braddyiew April. A. DATE ON A FARMING OF DECASED BOWIC ON A FARMING OF DECASED NOTE OF BIRTH ON AGE (In years) FORMAL WINDOWED DIVORCED DIVORCED DIVORCED OF DECASED ON A GENERAL OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED ON A FARMING OF DECASED RIVE NOTE OF DECASED RIVE NOTE OF DECASED OF DE	RURAL ond give ne		c. LENGTH OF STAY IN 1b		autside corporate limit	s, write RURAL one	d give nearest town)	
3. NAME OF CRITICAL COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. DEATH S. D	d. NAME OF HOSPIT OR INSTITUTION		et address)	d. STREET ADDRESS	Ants		ON A FA	RM?
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEV	B. NAME OF DECEASED	First		Last	4. DATE OF	1.4	Day Yea	ar .
100. USLA OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTIPFICE (Stote or foreign country) Nontgomety Co., Md. 12. CITIZEN OF WHAT COUNTY Nontgomety Co., Md. 13. FATHER'S NAME Richard Criffith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line 150 (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO. 20a. ACCIDENT WAS UNDERLYING 1. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING 1. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING 1. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II or Item 18.) 20b. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II or Item 18.) 21. I certify that (I) (this hospital) alterned the deceased fram footary, steel, office bildguate.) 22c. PILACE OF INJURY Home, fram, 20f. (City or Iown) (County) (Stote) office bildguate.) 22c. SIGNATURE 22c. PILACE CASE IN THE COUNTY (SIGNATURE) 22d. ADDRESS 3 25d. ADDRESS 3 25d. ADDRESS SIGNATURE 25d. RECISTRAR SIGNATURE	40 0	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE last b	(In years irthday) IF UND	ER 1 YEAR IF UNDER 2	
ACCIDENT WAS INDERRYING OUT ON THE DITTERS ON THE DITTERS ON THE PROPERTY OF COUNTY OF THE PROPERTY OF THE PROPERT	On. USUAL OCCUPATIO	ON (Give kind of work done 10)		1.104.00	or fareign country)	6	ITIZEN OF WHAT COU	JNTRY
Richard Grigith S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you, give as a date of derivated of the control of the contr		sing life, even if refired)		Montgomer	y Co., Md.		U.S.A.	
18. CAUSE OF DEATH Enter only one couse per line 50(a), (b), and (c).] 18. CAUSE OF DEATH Enter only one couse per line 50(a), (b), and (c).] 19. CAUSE OF DEATH Enter only one couse per line 50(a), (b), and (c).] 19. CAUSE OF DEATH Enter only one couse per line 50(a), (b), and (c).] 19. CAUSE OF DEATH Enter only one couse per line 50(a), (b), and (c).] 19. CAUSE OF DEATH Enter only one couse per line 50(a), (b), and (c).] 19. CAUSE OF DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOP PERFORMED TO T	3. FATHER'S NAME	chard Griffit	h					
18. CAUSE OF DEATH [Enter only one couse per line (F(0), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate couse (a), stoling the under: Iying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP PERFORMED? YES NO OA. CCIDENT WAS UNDERLYING COUNTY MEDICAL EXAMINER) TO CONTRIBUTING CAUSE OF DEATH OF FORMED? YES NO OA. CCIDENT WAS UNDERLYING COUNTY MEDICAL EXAMINER) TO CONTRIBUTING CAUSE OF DEATH OF FORMED? YES NO OA. CCIDENT WAS UNDERLYING OA. CCIDENT WAS UNDERLYING OA. CCIDENT WAS UNDERLYING COUNTY MEDICAL EXAMINER) TO DEATH OA. CCIDENT WAS UNDERLYING (b). OA. ACCIDENT WAS UNDERLYING OA. CCIDENT WAS UNDERLYING (c) OA. ACCIDENT WAS UNDERLYING OA. CCIDENT WAS UNDERLYING (b). OA. ACCIDENT WAS UNDERLYING OA. CCIDENT WAS UNDERLYING (c) OA. ACCIDENT WAS UNDERLYING OA. CCIDENT WAS UNDERLYING (c) OA. ACCIDENT WAS UNDERLYING (c) OA. CCIDENT WAS UNDERLYING (c) OA. ACCIDENT WAS UNDERLYING (c) OA. CCIDENT WAS UNDERLYING (c) OA. ACCIDENT WAS UNDERLYING (d) OA. CCIDENT WAS UNDER	(Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)					rd Md.	
20c. TIME OF INJURY Month, Day, Year Haur on 19 20d. INJURY OCCURRED While Not while at work a	PART II. OTH	(c)					PERFORM	VED5
21. I certify that (I) (this hospital) attended the deceased fram. The causes and an the date stated above the deceased alive an		CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af ite	m 1B.)		
saw the deceased alive an	20c. TIME OF INJUR Haur ocm. p. m.	Whil	Not while fo	ACE OF INJURY (Home, farrictary, street, affice bldg., et	m, 20f. (City ar town	1	(County)	(State
220. SIGNATURE 220. DATE DIRECTOR STAFF PHYS. DIRECTOR STAFF SIGNATURE 220. ADDRESS 230. BURIAL, CREMATION, REMOVAL (Specify) Cremation 5/21/1962 230. NAME OF CEMETERY OR CREMATORY Cremation 5/21/1962 230. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		-		/	Jan .			,
22d. ADDRESS NAME (Type) M. SMITH 22d. ADDRESS 305 Le Claricle 30a. BURIAL, CREMATION, REMOVAL (Specify) C'hemation 5/21/1962 Creenmount Crematory 23d. LOCATION (City, town, or county) Solvention Baltimore, Naryland 4905 yaddress Road 25o. REC'D BY REGISTRAR'S SIGNATURE		and dive dil	-4	/			/ Z2b.D	ATE
REMOVAL (Specify) Crematic 5/21/1962 Greenmount Crematory Baltimore, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 4905 YOUR Road United Annual Control of State Co	22C PHYRICIAN'S	" Mesen	ll Amelle	M.D. PHYS.	RECTOR PHYS.		3/21/62	IGNED
24. FUNERAL DIRECTOR'S SIGNATURE 4905 YADDRESS ROAD 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		W.M. Sm	ic Amuse		PHYS.	ie Alla	\$ /21/62 smile.	-/a
	NAME (Type) 23a. BURIAL, CREMATIO REMOVAL (Specify)			22d. ADDRESS S	23d. LOCATION (Cit	te Ala	spelle. (State)	-/0

TO FUNERAL VR A15 (4) 1SM 9/59

TO HOSPI



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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and be to be the haspital or attending physician.

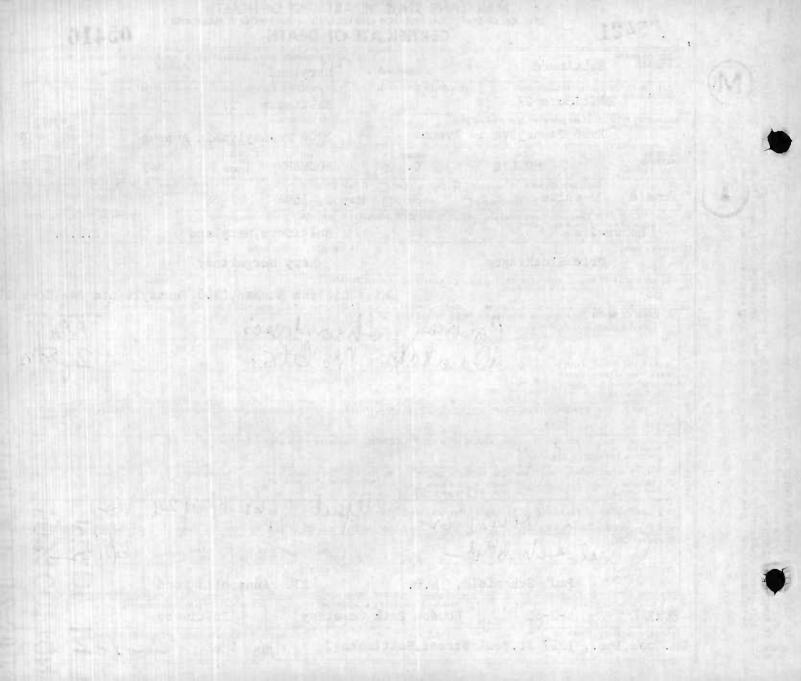
Description of completely filled in by the funeral director, should be attended for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Boord of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours are death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNERAL TO HOSPITA

VR A15 (4) 15M 9/59

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	DUNTY Ba	ltimore		MARYL		usual RESIDENCE (WI o. STATE Maryland		ived. If institution b. COUNTY	an: Residence	before adm	issian)
b. CI RU	TY OR TOWN (If at	otside carporate limi estimore 27	ts, write	c. LENGTH OF STAY I	N 1b	e. CITY OR TOWN (If a Baltimor		te limits, write R	URAL and giv	ve nearest ta	wn)
d. N	AME OF HOSPITAL	(If not in hospital, g	ive street o	a Avenue		d. STREET ADDRESS 2906 Pen:	nsylvan	ia Aven	ue	ON	ESIDENCE A FARM?
3. NAM		Fir		Middle C.		BOSMAN	4. DATE OF DEATH	Mar		^{Doy} 29	Yeor 19 62
5. SEX fe	male 6	. COLOR OR RACE white	7. MARRI	ED NEVER MARRIE		ATE OF BIRTH 1y 1, 1894	9.	AGE (tn years last birthday) yrs.		YEAR IF UN Doys Haus	
10a. USI dur	UAL OCCUPATION ing most of warking Housewi	(Give kind af wark of life, even if retired	dane 10b. I	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stote Baltimor	170.00		12. CITIZ	U.S.	
13. FATH	IER'S NAME	ic Blocki	nger		14	Mary D	NAME ergartn	er		1	
15. WAS (Yes, no. c		N U. S. ARMED FOR es, give wor or dates of s		SOCIAL SECURITY NO.	17. INFOR	MANT Lillian Bo	sman, 29	Add 06 Penn		ia Ave	, Zone
go coe lyii	anditions, if any, ever rise to immuse (a), stating the ng cause last.	under- DUE TO	<u> </u>	roll	es)	Wellite	is .			24	bais
CERTIFICATION 100 100 100 100 100 100 100 100 100 10						RELATED TO THE TERM			EN IN PART	PER	S AUTOPSY FORMED?
	ACCIDENT WAS L CONTRIBUTING EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	KIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	FOR 1 or FOR 1	or tiem 16.)			
WEDICAL 20c.	TIME OF INJURY Havr a. m. p. m.	Month, Doy, Yes	While	JURY OCCURRED Nat while ot wark	20e. PLACE foctory,	OF INJURY (Home, form street, affice bldg., etc	n, 20f. (City o	r tawn)	(Co	ounty)	(State)
	I certify that (w the deceased		attende (UU)	ed the deceased		pril 19	M, from th	ne causes ar		that (1)	
	SIGNATURE (U	eleh	M	d	M.D.	PHYS.	AED.	STAFF PHYS.	6	1162	22b.DATE SIGNED
22c.	PHYSICIAN'S NAME (Type)	Paul Sc	honfe	eld, M.D.		22d. ADDRESS 2301	Annapol	is Road			
	RIAL, CREMATION,	23b. DATE THEREO	F	23c. NAME OF CEME Loudon P				ON (City, tawn, 1 timore	ar county)	(5	tate)
	cook, Inc.		.Paul	ADDRESS Street, Ba	ltimon		D BY REGISTRA	0	STRAR'S SIGN		6



1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY MARYLAND TIMORG b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 15/GrsTown YES NO 3. NAME OF DATE Day Yeer DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In yeers | FUNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lest birthday) Months Hours Min. event, WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S NAME FOFENCE (Yes, no, or unkown) | (Ifyes give war or detes of service) no 18. CAUSE OF DEATH [Enter only one couse per INTERVAL BETWEEN line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) Hour a.m. While Not While et work et work p.m. 21. I certify that (I) (this hospital), attended the deceased from and that death occurred at 301 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNATURE ATTENDI PHYS. DIRECTOR M.D. 22d. 22c. PHYSICIAN'S NAME (Type) ector. 238 BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) (Stete) 23c. REMOVAL (Specify) OF YEEIV A 25b. REGISTRAR'S SIGNATURE REGISTRAR FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus 15M 9/60

death certificate

RESTON STREET, BALTIMORE 1, MARYLAND

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TO HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after a death. A may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shoulds be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15418

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission)
Baltimore MARYLAND	Maryland b. COUNTY Baltimare
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
write RURAL and give neerest town) Foot Howard 25 yrs.	X Fort Howard
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE
T- 7 m	Denton Ave. 19 Md. YES NO WAS
Res., I Denton Ave. 19, Md.	Denton Ave. 19, Md. YES NO LAST NO LAST NO LAST NO LAST NO Month Dey Year
DECEASED	BOWERS DEATH May 26. 19 62
855	P. DATE OF BIRTH 19. AGE (In years LIF LINDER 1 YEAR) IF LINDER 24 HRS
7. MARRIES TETE MARRIES	June 16, 1909 52 Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during as of working life, even if retired) Beth. Steel Co	. Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Laoyd Bowers	Minnie A. Aspelmeier
	INFORMANT Address
(Yes, no, or unkown) ((Ifyesgivewarerdetesofservice) NO NO 216-09-5723	Mrs. Georgia Bowers Same as 4 D
1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	infartion ONSET AND DEATH
IMMEDIATE CAUSE (a)	infarction 1/2 Nr.
TLO, DUE TO PAGE OF O	terioselevario 5 years
Conditions, if eny, which gever lise to Immediate cause	reroseteran years
(e), steting the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
*	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
O Los the factor of the factor	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 et work at work	13(7) 211001, 011100 21031, 01017
21. Certify find (i) (this hospital) alrelided life deceased from	t death occured at I.P.M. from the causes and on the date stated above.
	death occurred an. J. T.R. M., from the causes and on the date stated above.
220. SIGNATURE Con way	ATTENDING MED. STAFF SIGNED
	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
22c. PHYSICIAN'S NAME (Type) Tobas IF Constant III D	914 D Street. 19. Maryland
John V. Conway M.D.	
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Bury da Secity 5-29-1962 Parkwood Ce	em. Tavlor Ave. 14. Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JOHN J. DUDA 7922 Wise Ave. 22. Mc	d . DATE MAY 2 d '62 S
	a. ANY 2 9 021 arthur I. Knows

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whare deceased kived, If institution, Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY the d 2 MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE INTHE PINES ON A FARM YES | Middle 196 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) | Months Hours WIDOWED | ever 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) MID, COMPANION 13. FATHER'S NAM MRS MOLLIE 1. BROWN 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) i (If yes give war or detes of service 624 WILDWOOD INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinomatosis IMMEDIATE CAUSE (e) DUE TO Carcinoma of the breast Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20e. ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 2De. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | fectory, street, office bldg., etc.) Not While While Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from Dec. 18, 1961, to May 5, 1962, that (I) (we) last 22e. SIGNATULE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S George A. Knipp, 4116 Edmondson Ave. M.D. 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) OODLAWN MAD, 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) EDMONDSON AUF arthur S. Kraug. 15M 7/61 DATE MAY 8

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. your dob write RURAL and give nearest town) Reisterstown Reisterstown Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Reisterstown Road Reisterstown Road 3. NAME OF 4. DATE Last Middla Month DECEASED May 24, 1962 (Type or print) Brown DEATH Mary Agnes with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 2 with s 1, 2, and 3 age 5 may 1 and 2 wil 72 hours last birthday) April 20,1908 Months Female White WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ve Pages 1, 2, PM3. Page dona during most of working life, even if ratirad) Employed at Convelesent Home Towson, Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Unknown Alice Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 3 (Yas, no. or unkown) | (If yas giva war or dates of servica) Harold L. Allgeyer . Reisterstown. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), along fransit PART I. DEATH WAS CAUSED BY: A ricular Fibrillation pencil IMMEDIATE CAUSE (a) Office burial-f DUE TO Rheumatic Cardio-Vascular Disease Conditions, if any, which Examiner's C "pending" gava risa to Immadiata causa DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION 28 none Medical 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING writing to Chief / Page 3 s none none MEDICAL 20e, PLACE OF INJURY (Homa, farm, ' 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., atc.) Whila Not Whila Hour a.m. at work al work noneio none none prior p.m. Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K 0 0 MEDICAL Natural causes X Suicide Homicide Undetermined manner death resulted from: Accident cute the Se forward.
DIREC CHIEF MEDICAL EXAMINER D.D. Eaplie, m.D ACTUAL designated ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S D. D. Caples, M. D. 6 Hanover Rd. Reisterstown, Md. NAME (Typa) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) May 26.1962 Baltimore, Md. 240 5 New Cathedral Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME 2 8 '62 J.F. Eline & Sons, Reisterstown, Md. 5M 7/59 Chilling & House

Baltimore

U.S.

(County)

. IS RESIDENCE ON A FARM?

YES NO X

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

20 yrs.

and in my opinion

DATE SIGNED

5-24-62

(Stata)

hr.

PERFORMED?

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(Stata)

IF UNDER 24 HRS.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05421

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1.	PLACE OF DEATH				CTATE	L COUNTY	stitution: Residence bafore edmission)
	BALTIMOF	Æ		MARYLAND	* MARYI	LAND	wico milo
	b. CITY OR TOWN (if	outside corporata limi	is,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outsida corporata limits, writa R	
	FORT HOWA			24 days	SALIS	BURY	22X.2
	d. NAME OF HOSPIT	AL OR INSTITUTION (f not in ho	spital, giva street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	VETERANS	ADMINISTRA	TION	HOSPITAL	RD 2, JE	ERSEY ROAD	YES NO X
3.	NAME OF DECEASED	First		Middle	Last	4. DATE Month	Day Year
	(Type or print)	Will:	am	н.	Bryant	DEATH May	6 19 62
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If	UNDER 1 YE R IF UNDER 24 HRS.
	Male	Negro	WIDOW		June 12, 189	92 69 yrs.	Months Days Hours Min.
	on USUAL OCCUPATION during most of wor			CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	Truck Driv			rtilizer Plant	Southampto	om Co. Virginia	U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	INAME	
	Edward Bry	vant			Mary (Last	t Name Unknown)	
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.		cal Records Fold	er Veterens
1"	res, no, or unkown) (If	WW I	2				Howard, Maryland
	18. CAUSE OF D	EATH [Entar only ona	cause par	line for (a), (b), and (c).]		i noopioon, rore	INTERVAL BETWEEN
		WAS CAUSED BY:	PUI	LMONARY INFARC	TION		ONSET AND DEATH 2 DAYS
	465x	DUE TO					
	Conditions, if any,	which) (b)					
	gava rise to immadia	DI DI IC TO					
	(e), stating tha un causa last.	derlying (c)					
Z	PART II. OTHER		TIONS CO	NTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
- ATT	MYOCARDIAI	INFARCTIC	N. AF	RTERIO-NEPHROS	CLEROSIS, HYP	PERTROPHY THYROI	D GLANDYES X NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING I (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCCUR	ED, (Entar natura of injury in	Part I or Part II of itam 18.)	Hara Salation
SAL	20c. TIME OF INJUR	Y Month, Day, Ya			LACE OF INJURY (Homa, far		(County) (Steta)
MEDICAL	Hour a.m.	19	While at wo	- Troi 11 IIII	ictory, streat, offica bldg., et	c.)	
	21. I certify th	at (1) (this hospi	al) atter	ided the deceased from	April 13	19 62 to May 6	, 19.62, that (1) (we) last
	saw the decease	alive on	lay 6	19 62, and th	at death occured a.		nd on the date stated above,
	22a. SIGNATURE	Ali	Λ-0	111	ATTENDING	MED. STAFF	22b. DATE SIGNED
	×.	, Jew	NA	Vair,	M.D. PHYS.	DIRECTOR PHYS.	5/7/62
	22c. PHYSICIAN NAME (Type)	SEBASTIAN	Piice	M D	VAH, FORT	TOUINDD MADVIA	MD
	ļ						
23	REMOVAL (Spacify)	ON, 236. DATE THE	1196	23c. NAME OF CEMETER	acrematory	Sales la	(State)
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		1 /1	STRAR'S SIGNATURE
16	lutur	F. Xtel	locus	1 Sales	MIN DATE	MAY 1 4 '62 Can	70.
-			1				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

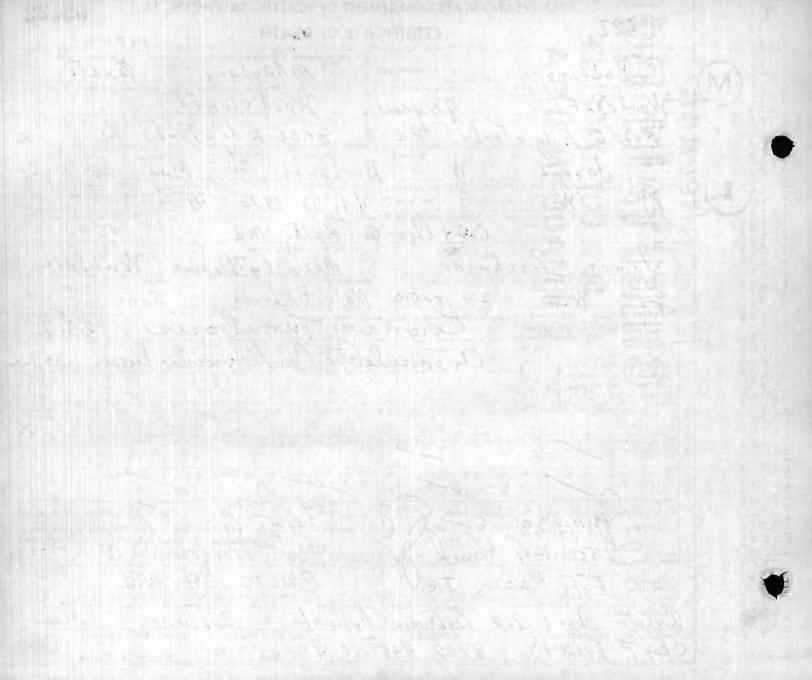
D. CITY OR TOWN (If outlide corporate limits, write growth or provide corporate limits, write growth or provided to the provided provided to the provided pr		
8. USALE OF HOSPITAL (If not in hospital, give street address) 1. ALAME OF HOSPITAL (If not in hospital, give street address) 1. ALAME OF HOSPITAL (If not in hospital, give street address) 1. ALAME OF DECLARS 1. ALA	K / /	
DE NAME OF DECEASED OF SET INDUSTRY IN	Wood CRAFT 7/2 MERS	V W. Jazze
DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED ONEVER MARRIED DIVORCED DIVORC	OR INSTITUTION	ON A FARM?
DIVORCED DIVORCED July 13 / 920 Hours Months Days Hours Mind of work done during most of work done during most of work done lob. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTY OF A STATE OF WHAT COUNTY OF WHAT COUNTY OF A STATE	DECEASED	OF MAN DOLLAR
3. FATHER'S NAME 3. FATHER'S NAME 3. FATHER'S NAME 3. FATHER'S NAME 4. MARY 4. MARY 4. MARY 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. MARRY 19. CAUSE OF DEATH [Enter anly one couse per line for leph(b), and (c).] PART I. DEATH WAS CAUSED BY: 19. CAUSE OR DEATH [Enter anly one couse per line for leph(b), and (c).] PART I. DEATH WAS CAUSED BY: 19. MARRY 19. DUE TO Canditians, If any, which gave rise to immediate couse (e), stoling the under- 19. Interest in the under- 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO. 20. ACCIDENT WAS UNDERSAMING? 20. ACCIDENT WAS UNDERSAMING? 20. ACCIDENT WAS UNDERSAMING? 20. ACCIDENT WAS UNDERSAMING? 20. THE OF INJURY Manth, Day, Year 20d. INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 21. I Certify that I ottended the deceosed from 19. While of work of work of other stoled obtained and the company of the colory, streen, office-tripg, etc. 21. I Certify that I ottended the deceosed from 19. On that depth occurred at 4. M., from the couses and on the date stated obtained and the colors of the colory, streen, office-tripg, etc. 22. ACCIDENT WAS UNDERSAMING? 22. I Certify that I ottended the deceosed from 19. On that depth occurred at 4. M., from the couses and on the date stated obtained and the colors of the colory, streen, office-tripg, etc. 21. I Certify that I ottended the deceosed from 19. On that depth occurred at 4. M., from the couses and on the date stated obtained and the colors of the colory, streen, office-tripg, etc. 22. DATE THEREOF 22. MAMS OF CEMETERY OR EREMATORY 22. DATE THEREOF 22. MAMS OF CEMETERY OR EREMATORY 22. DATE THEREOF 22. MAMS OF CEMETERY OR EREMATORY 22. DATE THEREOF 22. MAMS OF CEMETERY OR EREMATORY 22. DATE THEREOF 22. MAMS OF CEMETERY OR EREMATORY 22. DATE THEREOF 22. MAMS OF CEMETERY OR EREMATORY 22. DATE THEREOF 22. MAMS OF CEMETERY OR EREMATOR	M	last birthday) Manths Days Haurs Min.
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (1) year, give we or defets of service) 2/14 - 8 - 1/19 MRZY BACAMAN SAME (1) Year, give we or defets of service) 2/14 - 8 - 1/19 MRZY BACAMAN (2) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which give rise to immediate couse (a), stoting the under-lying couse (a), stoting the under-lying couse (a), stoting the under-lying couse (a). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO. 20a. ACCIDENT WAS UNDEBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 21. I certify It of I oftended the deceosed from 19. Year 20d. INJURY OCCURRED (Stephen, etc.) 20f. (City or town) (County) (Stephen and the deceosed from 19. Year 20d. INJURY OCCURRED (Stephen, etc.) 20f. (City or town, state) DATE/SIGN NAME (Type) ACTUAL SIGNATURE ACCURATION, 120p. DATE THEREOF 22c. MANAS OF CEMETERY OR EREMATIORY (22d. LOCATION (Efthynown, or county) (Slote)	during mast af warking life, even if retired)	250
(If yes, province or does of service) 214-18-1074 MARY BACK PHARM SAME	JAMES BUCHANAN	MARY CATHERINE WALLACE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED 20a. ACCIDENT WAS UNDEBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDEBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, Dey, Year 19 and While 01 work 01 work 01 work 01 work 01 work 01 work 02 work 02 work 03 work 03 work 03 work 03 work 04 work 03 work 04 work 04 work 05 work 04 work 05 wo	(If yes, give war or dates of service)	at b
DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMEDT OR CONTRIBUTING CASE OF DEATH OR CONTRIBUTING CASE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work of a twork of work of other parts of the part of the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of that depth occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of the occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of the occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of the occurred at 19. Mr. from the couses and on the date stated oborton olive on 19. One of the occurred at 19. Mr. from the couses and on the date o	PART I. DEATH WAS CAUSED BY:	wy Thrombosis INTERVAL BETWEEN ONSET AND DEATH
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20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED While Not write of work 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED while of work 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED focatory, street, office blog, etc. 20c. TIME OF INJURY (Hame, form, 20c. (City or town) focatory, street, office blog, etc. 20c. TIME OF INJURY (Hame, form, 20c. (City or town) focatory, street, office blog, etc. 20c. TIME OF INJURY (Hame, form, 20c. (City or town) focatory, street, office blog, etc. 20c. TIME OF INJURY (Hame, form, 20c. (City or town) focatory, street, office blog, etc. 20c. TIME OF INJURY (Hame, form, 20c. (City or town) focatory, street, offic	lying cause last. (c)	NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALITOPSY
20c. TIME OF INJURY Manth, Dey, Year 20d. INJURY OCCURRED While at wark of war	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED
Haur a. m. 19 While at wark 19 Interest	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 ar Part II of item 18.)
21. I certify that I oftended the deceosed from 19. I, to 19. I, to 19. I lost sow the deceosed olive on 19. I, one that death occurred at 19. M, from the couses and on the date stated obo ADDRESS, (Street, city ar town, state) DATE/SIGN ACTUAL SIGNATURE M.D. 900 MARFORD Rd 19. I M.D.	Haur a.m. While Not while for	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State ctary, street, office blog., etc.)
PHYSICIAN'S FIT, KOSIK JR. BALTO 34 Md. 20. BIRIAL, CREMATION, 22b. DATE THEREOF 22c. MAMB OF CEMETERY OR CREMATORY 22d. LOCATION (ETT) own, or county) (State)	100000	occurred at, 190_, that I lost sow the deceased
PAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. MAMB OF CEMETERY OR CREMATORY 22d. LOCATION (Etty-lown, or county) (State)	SIGNATURE DUVISIONALIS TO THE PROPERTY OF THE	M.D. JOOS HARFORD Rd. 5/31/6
22C MAMB OF CEMETER OR EXEMPLOY (ETITY ON IL COUNTY)	NAME (Type)	OFFICION (Statement of the statement of
WORIAL WAR 1 1912 BADIMORE MATIONAL BALLIMORE MA	CORIAL WAR 1 1912 BADIMORE	Antionat Ballimore ML
2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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after death. Page 4

the attending physicion and campletely filled in by the funeral director.

Then please remove carbon papers. Pages 1 and 2 shauld be filed with vent within 72 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE 1, MARXI CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY timore MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) erton . IS RESIDENCE aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO A 3. NAME OF Middle DECEASED OF (Type or print) DEATH AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) Months Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) timore, Mary (etired Maintenance 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME dward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detes of service) same INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mo. IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CATION PERFORMED? NO N 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (Stete) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, (County) 20c. TIME OF INJURY Month, Dev. Yeer 2Df. (City or town) fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) eodor 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, | 23b. REMOVAL (Specify 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRESS

2 1 '62

funeral the day .⊑ Pages filled completely and cor physician signed by the attending phransit permit. Then please r signed attending After this CIOR: director, be filed 10 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S

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Bull wed bout Dis 212 16 9612 2000, 100000000 ** Variotabases . Characterist vice 5/21/62 . waron and No to the LEGICIONES, COLL SING SOLL WILL SOLL WITH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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95	423	CERTIFICA	ATE OF DEATH			110464
PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W a. STATE		If institution: Resident	ce before admissian)
b. CITY OR TOWN () RURAL and give no	outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	its, write RURAL and	give nearest town)
Catonsy	ille	7mthlldys	Baltimore			3 VOI.4
OR INSTITUTION	FAL (If not in haspital, give s	HOSPI TAL	d. STREET ADDRESS 747 S.Woodi	ington Roa	d	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mary	Middle B.	Carroll	4. DATE OF DEATH	Manth	Day Yeor Ay 26. 1962
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		1 YEAR IF UNDER 24 HRS
female	white with	DOWED DIVORCED	Feb. 15, 1	1878 8	yrs. Months	Doys Haurs Min.
factory	king life, even if retired)	Brush buffer	Maryla	and	12.CITI	S.
13. FATHER'S NAME Isaac Bew	ley		14. MOTHER'S MAIDEN		Catherine	Kaiser
	R IN U. S. ARMED FORCES?		INFORMANT		Address	THE RESERVE OF THE PARTY OF THE
unknown	(ir yes, give wor or odies or service)		Records: SPRI	NG GROVE	STATE HO	SPITAL
Canditions, if o gave rise to i couse (a), stoting lying cause last.	mmediate the under- (c)	Genevalis Seculification to DEATH B	ged Arte	moretes	OITION GIVEN IN PAR	for year
CATIC		DESCRIBE HOW INJURY OCCUR				PERFORMED?
	MEDICAL EXAMINER)					
20c. TIME OF INJUR Haur o. m. p. m.	W	Nod. INJURY OCCURRED While Nat while t work at work	PLACE OF INJURY (Hame, for factory, street, affice bldg., etc.	m, 20f. (City or town	n) (C	County) (State
21. I certify that saw the decease	A	tended the deceased from	Sept. 19 19			
22o. SIGNATUR	Force	Corrito	M.D. PHYS.	MED. STAF	s. 4	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	DEIMI	Le KOPITS	7	PRING GRO		HOSPITAL and
23o. BURIAL, CREMATIO REMOVAL (Specify)	May 29, 196	23c. NAME OF CEMETERY New Cathed		23d. LOCATION (C	ity, town, or county) timore, Md	(Stote)
24. FUNERAL DIRECTOR		ADDRESS	2So. RFC	D BY REGISTRAR	25b. REGISTRAR'S SI	GNATURE

Catonsville, Mi. DATE MAY 2 9 '62

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after death. Page 4

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Pages 1

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event, within 72 haurs after death

certificate has been signed by the attending physician and campletely filled

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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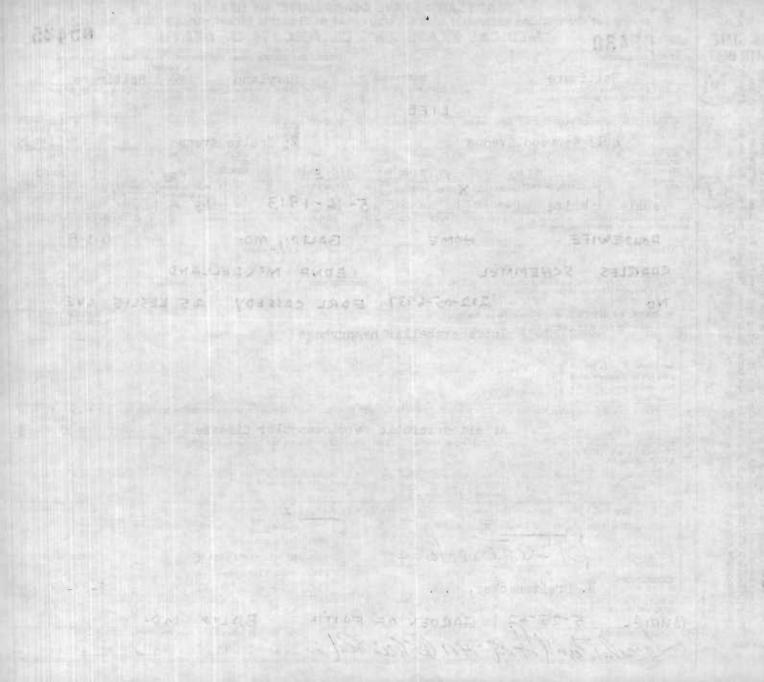
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF TH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY e. STATE vithin 24 hours after death. If any agilay is necessary, 8. Give Pages 1, 2, and 3 to the funeral director. Page form PM3. Page 5 may be retained for your files. it. File pages 1 and 2 with the State Board of Health, event within 72 hours, after death. b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town LIFE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 4813 Kenwood Avenue 25 Leslie Avenue YES NO X NAME OF DATE Middle Month Dev Year DECEASED OF (Type or print) DEATH THEI MA ELIZABETH CASSEDY 19 62 May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Hours Mln. WIDOWED DIVORCED Female White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired HOUSEWIFE HOME BALTON MD. 13. FATHER'S NAME 14. MOTHER'S MAIREN NAME CHARLES SCHEMMER EDNA MCCLELLAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) permit. With 212-05-693 25 LESLIE EDRL CASSEDY MEDICAL EXAMINER: This certificate should be executed in pencil in frem iB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along ONSET AND DEATH I-fransit PART I. DEATH WAS CAUSED BY: Intracerebellar hemorrhage and IMMEDIATE CAUSE (e) DUE TO burial removal, Conditions. eny. (b) "pending" geve rise to immediate cause ro Examiner's DUE TO SE (e), steting the underlying cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe Word Arteriosclerotic cardiovascular disease X Medical NO pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While acute the certificate, wr be forwarded to the C RAL DIRECTOR: Pag et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE designat DEPUTY MEDICAL EXAMINER EXAMINER'S Breitenecker. M.D. NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) S REMOVAL (Specify) 6 40 EAITH MD. BURIAL 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNER AL DIRECTO VS. AISME Cichus S. Thous 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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law requires that the death certificate be execut

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MARYLAND STATE DEPARTMENT OF HEALTH

a (45 60) Carried Adalasta State None and MINGH N. OCCUPAN Agent A.V. Almond English To To P Fore Bonera, Printed sport SE VILLE SE SINDS OFF whater line down I there is WITTERE HIM E-LIMBURGERAN HELE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 27 CERTIFICATE OF DEATH

a. COUNTY				stitution: Rasidence bafore admission)
Baltimore	MARYLAND	a. STATE Mar	vland b. count	
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outsida corporata limits, writa	RURAL and give nearest town)
Fort Howard	48 days	Baltimo	ore	31/11.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS		e. IS RESIDENCE
Veterans Administration	Hospital	642 Take	ewood Avenue	YES NOW
3. NAME OF First	Middle	Last Local	4. DATE Month	Day Year
(Type or print) WTILTAM	T.	CHACHULSKI	of Death May	2 19 62
5. SEX 6. COLOR OR RACE 7. MARI		. DATE OF BIRTH	9. AGE (In years I	1/
		Tanana 9		Months Days Hours Min.
11020	KIND OF BUSINESS OR INDUSTR	7	1921 41 yrs. Ity & State, or foreign country)	1 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, avan if retired)				
Salesman 13. FATHER'S NAME	Pictures	Baltimore,		U.S.A.
13. TOTTLE STOME		14. MOTHER 3 MAIDEN	IAWE	
John Chachulski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.			Kordonski	
(Yes, no, or unkown) (If yes giva wer or dates of servica)		INFORMANT	Address	
		inical Recor	ds, VAH, Fort H	
18. CAUSE OF DEATH [Entar only ona cause pe				ONSET AND DEATH
IMMEDIATE CAUSE (a) CA	RCINOMATOSIS			Unknown
157 X DUE TO				Terra
	ARCINOMA, PANCR	EAS		Unknown
gave rise to immadieta cause (e), stating the underlying DUE TO				
causa last. (c)				
Z PART II. OTHER SIGNIFICANT CONDITIONS CO				DEDECORAGEO2
Operation: (VAH DUBLIN,	GA) CA OF PANC	REAS, METAST	ATIC TO LIVER,	Oct 196kes NO T
	ESCRIBE HOW INJURY OCCURED			
ZOc. TIME OF INJURY Month, Day, Year 20c	I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20c Wh Hour a.m. Wh af w	ork at work	ory, streat, office bldg., atc		
21. I certify that (X (this hospital) atte	nded the deceased from.	March 15	19 62. May 2	, 1902, that (#) (we) last
saw the deceased alive onMay2	1962, and that	death occured at	A.M, from the causes a	nd on the date stated above.
22a. SIGNATURE		ATTENDING	MED. STAFF	22b. DATE SIGNED
1) 1) nee	man M		DIRECTOR PHYS.	5/2/62
22c. PHYSICIAN'S NAME (Typa)		22d. ADDRESS		
Irving Freeman	n, M.D.	VAH FORT	HOWARD, MD	
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Stata)
BURIAL 5-5-1960	2 ST. STANISL	AUS EMERS	X BALTIM	PORE MD,
34 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a PP	'D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
RAYMONIO L XACZARDINSK.	2525FLEE	T ST. DATE	Y 7 '62 Chil	hus d. Thous
ו ווכשויותו אין ואראווויוןיין				

Photo 2 control extent property and the Top 1 Markett and 1847 the Toponian Control of the Harman, 1847 to the Harman, 1847 JOSEPH SON: (WAN DUBLIS, OA) BA OF PANUSANS, MERASEATIC TO LIVER, DEU 1901 Creing Ermenn, M.E. C. Vall Force Middle, - Inc. THE STATE OF THE S ROBBING L KATERIASKY ZEZSKIET ST. ST. WALL after death. Page 4 g physician and campletely filled in by the funeral director, remave carban papers. Pages 1 and 2 shauld be filed with **DIRECTOR:** After this certificate hos been signed by the attending physician and campletely filled in Id be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and in any event, within 72 haurs after death.

SR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

page 3 shauld be detached far use as the burial-transit permit. Ther the State Board af Health prior to burial, cremotion, ar removal, and

by the hospital or attending physician

TO FUNERAL TO HOSPI

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05428

1.	o. COUNTY BALT	IMORE		MARYLA		STATE	FLord		l. If institution b. COUNTY	on: Residen	ce before a	admission)
	b. CITY OR TOWN (If of RURAL ond give near Pires		s, write	c. LENGTH OF STAY IN	v 16	:. CITY OR TO	WN (If outsid		mits, write RI		give nearest	t town)
	d. NAME OF HOSPITAL	(If not in hospital, gi	ive street a	ddress)		d. STREET ADD	RESS					S RESIDENCE
	OR INSTITUTION	oxleigh No	ursin	g Home		928 Oce	an Dr	ive				ON A FARM?
3.	NAME OF DECEASED (Type or print)	RHO	DF	A Middle	ERTO	K CHE	STER	DATE OF DEATH	Mon	th Y	14 14	Yeor 1962
5.	SEX 6	S. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	B. DA	TE OF BIRTH		9. AC	E (In years			UNDER 24 HRS.
	Female	white	WIDOWE			an 1891		109	t birthdoy) yrs.	Months	Doys H	lours Min.
10	during most of working Housewa	g life, even if retired)	ione 10b. K	Home.	INDUSTRY		E (State or f	oreign country)	12.CITI		HAT COUNTRY?
13.	FATHER'S NAME	-ne		Home	14	MOTHER'S M.		lE .				A Dr C
		Isaac	Panoni	man		Sa	rah	?				
	WAS DECEASED EVER I	N U. S. ARMED FOR	ES? 16. S		17. INFOR		70000		Adde	ress	1 2 4	
(Y ₁	es, no, or unknown) (If	yes, give war or dates of se	rvice)		DAVI	D CHEST	ER 7	939 Win	terse	t Ave	Zone	e 8
			use per line	e for (o), (b), and (c).]							INTERV	AL BETWEEN AND DEATH
	PART I. DEATE	I WAS CAUSED BY: MMEDIATE CAUSE (0)		www	9							
	420.1	DUE TO	1	Utero	2000	sti.	Ca.	Dalla	1800	la		
	Conditions, if ony gove rise to imm	nediote		eveno	~	out	are	~ co o a	Julia		7	
	lying couse lost.	under- DUE TO			de	seo	20	3.00				
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONE	VA	ONTRIBUTING TO DEAT	BUT NOT	RELATED TO T	LETERMINA	L DISEASE COI	ODITION GIV	EN IN PAR		WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED. (En	noture of i	njury in Port	l or Port II of	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While	JURY OCCURRED Not while of work		OF INJURY (Ho street, office b		20f. (City or to	wn)	(1	County)	(Stote)
	21. I certify that saw the decease	1	attende	ed the deceased f								
	22o. SIGNATURE	Gole	mi	beh	M.D.	ATTENDING PHYS.		TOR PH	AFF IYS.		Wird Mind	226, DATE SIGNED
	22c. PHYŚICIÁN'Ś NAME (Type)	eonard Gol	ombek			22d. ADDRESS		Shopp	ing Cei	nter,	Libe	rty Rds
23	a. BURIAL, CREMATION, REMOVAL (Specify)		F	23c. NAME OF CEMET			230	d. LOCATION			0 /	(Stote)
L	BURTAL	5/15/62		Hebrew You	ing Me				none,			
	FUNERAL DIRECTOR'S			ADDRESS				Y REGISTRAR		STRAR'S SI		
	ON I FUTHISON	I & BROS T	NC 60	10 Roist Ro	1.	D	ATENY 1	0 02	Chille	w1 8. +	hous	

the terminal and the state of t Quantity (Correct anders allered Receivers Shreep and Description AND DESCRIPTION OF THE PARTY OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05434 CERTIFICATE OF DEATH 05429

1. PLACE OF DEATE e. COUNTY	H			ENCE (Where deceased live		ce before edmission
	Baltimore	MARYLAND	e, STATE		COUNTY	to a
	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporate limits	, write RURAL and give	neerest town)
_	arney		X	irney		
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRE	ESS		. IS RESIDENCE
303	2 East Avenue		3032 E	East Avenue		YES NO
NAME OF DECEASED	First	Middle	Lest	4. DATE	Month Dey	Year
(Type or print)	AGNES	CHI	LUMSKY	DEATH M	ay 16	1962
SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YEAR	IF UNDER 24 HRS.
			2/24/85	7 ast birth	7110111113 0473	Hours Min.
iemale	White WIDOWE	DIVORCED DIVORCED DIVORCED			/rs. 10 CIXIZENI C	F WHAT COUNTRY
	orking life, even if retired)	IND OF BUSINESS OK INDUSTRY	II. BIRTHPLACE (C	County & State, or foreign co	intry) 12. CHIZEN C	OF WHAT COUNTRY
ho	usewife	at home	Czecho	slovakia	U.S	S.A.
FATHER'S NAME			14. MOTHER'S MAIL			
	Anton Boure	ek		Anna Chlum	sky	
		SOCIAL SECURITY NO. 17. II	FORMANT		ddress	
es, no, or unkown) (I	If yas give wer or detas of service)	Aı	thony Ch	lumsky, son	3524 Ken	tucky Av
1 10 CRITER OF T	DEATH [Enter only one cause per l		0	1600	LINE	TERVAL BETWEEN
	TH WAS CAUSED BY:	The state	CETTEST	13 Meski	danis or	SET AND DE JUH
PART I. DEAT	IMMEDIATE CAUSE (a)	The contract of		10,000	1/12	Decor
422	DUE TO	harasas	A Anno		77	a luke.
Conditions, if eny		r myocorex ce	e chick	myerion	r. one	3 - way
geve rise to immed	liete ceusa	NI - 11 F	44	11 4.	1 12	
(a), steting the u	Inderlying DUE TO Ca	Hall the	- C X PAA	of asseri	MAleman	1540
causa last.) (c)) 1 4000	90,000	200	
PART II. OTHE	R SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TE	RMINAL DISEASE CONDITIO	N GIVEN IN PART 1(e)	19. WALAUTOPSY
The Contract of						YES NO
20a. ACCIDENT W	'AS UNDERLATING 206. DES	CRIBE HOW INJURY OCCURED?	TEnter neture of injury	in Pert I or Pert II of item 18	.)	
OR CONTRIBUTING	CAUSE OF DEATH		-9.0			
	MEDICAL EXAMINER)					
20c. TIME OF INJU	JRY Month, Dey, Yeer 20d. While		ry, treet, office bldg.		(County)	(Stete)
Hour a.m.		k et work		1		
	that (I) (this hospital) attended	dad the deceased from	lune_	106/ 10 1000	1962	that (1) (we) la
1	The state of the s	10/ /2 /	1	70		
	sed alive on	196 and that	death occured a	t.7P.M, from the car	use and on the d	are stated eboy
220. SIGNATURE	BUIKE HO	V	ATTENDING	MED. STAFF		22b. DATE
Tran	art 1. Vestile	M.I	PHYS.	DIRECTOR PHYS.		1/1/63
220. PHYSICIAN'S NAME (Type		KASIK TR.	9005	Harford 1	ed (34)	md.
Ba. BURIAL, CREMAT	ION, 236, DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. OCATION (CI	ty, town or county)	(Stete)
REMOVAL Specif	5/21/62	Holy Redeem	er Cemete	ery Balti	more, Md.	
Duria						
FUNERA DIRECTO	Schimuhek F	unerals Home	25a.		REGISTRAR'S SIGNA	
73331	Brohms Lane		DATE	KAY 21 '62	arthur S. Mr	-

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2/24/33

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2032 Engt Avenue

THE C. LUISCO

Crechoslovalia U.S.A.

Att hony Chluys'or, son, 3524-yentucky Avt.

(COURSE NORME) (STATES SELLE)

May contest of a march of the market

White the Business of the base of the state of the state

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Burial 3/21/02 body Records Condition Barlingra, M.

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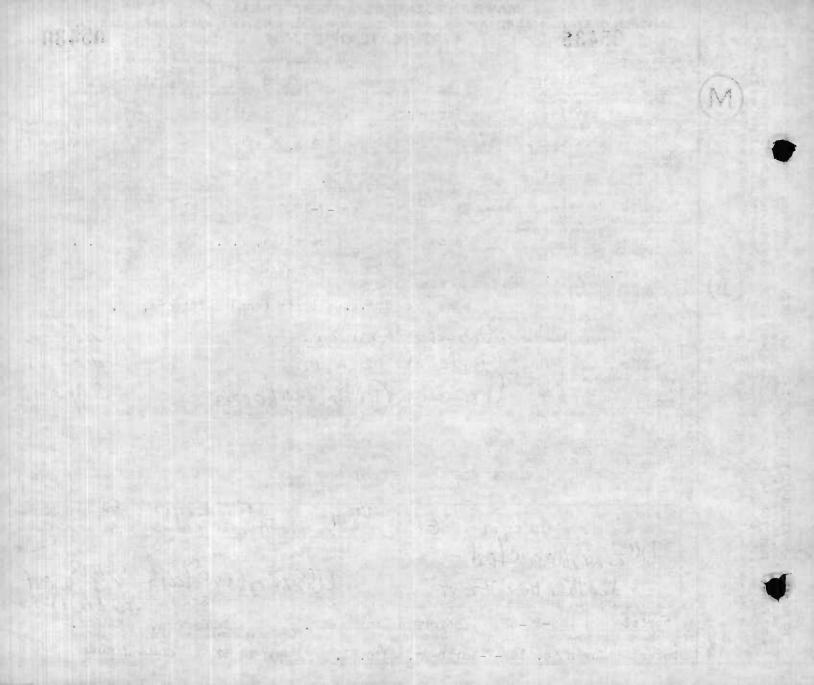
Charles E Schimungh Funeral Home

15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05430

MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEAT	H			2.		SIDENCE	(Where de	ceesed lived, If		Residence	e bafora	admission)
a. COUNT	Baltimore		MARYLAN	JD I	e. STATE	yland		b. COUN	timo:	re		
	(if outside corporete limits	,	c. LENGTH OF STAY IN				outside corpo	orete limits, write			neerast tov	vn)
~ .	nd give nearest town)		for moone		/	" t . m	: 17-					
	tonsville PITAL OR INSTITUTION (if	not in hose	ital give streat address)		d. STREET AL		sville	3			e. IS R	ESIDENCE
								70 7				A FARM?
	ed at her re	siden			- and -		lling				1 hour	NO X
3. NAME OF DECEASED	tirst		Middle		Lest	1	OF	Month		Dey	Yea	,
(Type or print)	MARGARET	P	ONTIUS	COBLE	NTZ.		DEATH	May		17	19	62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D	ATE OF BIRTH		9.	AGE (In yeers last birthdey)				R 24 HRS.
Female	White	WIDOWED] Se	pt-7-18	380		81 yrs.	Months	Deys	Hours	Min.
10e. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired	1Db. KII	ND OF BUSINESS OR IND	USTRY	1. BIRTHPLAC	E (County	& Stete, or	foreign country)	12. C	ITIZEN O	F WHAT	COUNTRY
none	rorking life, aven it refired	,	none		Meadr	rille	, N.Y.			II	S.	
13. FATHER'S NAME			110110	14.	MOTHER'S A				1	0.		
D	T-3 17 D			53	Т 3 -	٨ ٦						
	John W. Po:		OCIAL SECURITY NO L	17 INTE		Appl	e	Address		-		
	(If yes give wer or dates of se											
no	no			Edw.P	. Cobler	ntz (son) I	Baltimor	e. M			
	DEATH [Enter only one	cause per li	ne for (e), (b), end (c).]			0.					ERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	10	voucho - 6	Dre	lent	nea				1	160	ly
1450	DUE TO	0	100	(2)							10.	
Conditions, if en		(00	Freeal	Cle	laila	10				4	00	w.
geve rise to imme	diete ceusa	7		0	10000	- 0						
(a), steting the	underlying DUE TO	Y6	nonelli al	On	Phil	Doll.	أندر			5	400	20
ceuse lest.	(c)_ ER SIGNIFICANT CONDIT.	CV)	TRIBILITING TO GENTH BI	IT NOT D	MICO THI	E TEDATINA	I DISEASE	CONDITION GIV	FN IN PA	PT 1(a) (1	O WAS	AUTOPSY
PART II. OTH OPEN CONTRIBUTION OPEN CONTRIBUTION OF CONTRIBUTION	EK SIGNIFICANI CONDIT	IONS CON	IKIBUTING TO DOATH BO	JI NOT KI	LATED TO THE	E LEKWIIAN	L DISCASE	CONDITION GIV	CHINIA	W1 1/01 1	PERF	DRMED?
3									1/2		YES	NO [·]
2De. ACCIDENT V	WAS UNDERLYING CONTROL CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URED. (Er	iter neture of in	njury in Pe	rt I or Pert II	of item 18.)				
U (IF EITHER, NOTIF	Y MEDICAL EXAMINER)											
3 20c. TIME OF IN	JURY Month, Dey, Yee	r 2Dd. I	NJURY OCCURRED 2De	PLACE	OF INJURY (He	ome, ferm,	20f. (City	or lown)	(C	ounty)		(State)
ZOC. TIME OF INJ		While at work	Not While at work	fectory,	straat, office b	Idg., efc.)						
			hand had h	On		1/	35 to.	11111	7 1	61	F-4 (1)	(a) las
	that (I) (this hospital					27.7		Mkg!				
saw the decea	ased alive on. N.L.A	4.1.7.	19(9, and	that de	ath occured	d al	M, from	the causes	and on	the da		
220. BIGNATURE	7 1.	il.	0		ATTENDING	ME	D	STAFF			22	b. DATE SIGNED
woo	mortura	Ten	1 -	M.D.	PHYS.	DIR	RECTOR	PHYS			1G	
22c. PHYSICIAN'	S IC I				22d) 1000	25	Loca	- Ctent		711	5	204
NAME (Typ	Vether be	et	OYT		W.	m	Jus.	LTUN		14	140	£3(
	TION, 236. DATE THER	EOF	23c. NAME OF CEME	TERY OR	CREMATORY		23d. LOC	ATION (City, to	wn or read	ל עים	18 10	Most
REMOVAL (Specific burial		,	Reformed (Churc	h Cem.		Ma	ddletown	N.A.	ryla	nd.	
24 FUNERAL DIRECTO		UL	ADDRESS	JIIII'C		25e, REC'I		TRAR 25b. RE	- 4			
		00 111		1.					thun d			
DIEWAYT X	Mowen Co 1	11/5 - 17/1	NOTED-AV KA	1.0.	-	VA BASTAC	1 0/		WALLEY TO			



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05436 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) a. COUNT b. COUNTY MARYLAND HIMOVE b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give IS RESIDENCE ON A FARM? YES NO NAME OF Month Dey DECEASED (Type or print) DEATH 16 196 2 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH last birthday) Months Davs Hours WIDOWED T DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unkown) | (Ifyes give war or dates of service un Anown 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: dV IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO CERTIFIC 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While MEDI Hour a.m. While et work et work saw the decea ed alive 22a IGN TURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D HYSICIAN'S 22d. ADDRESS (Stete) 235. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL EUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE -2100 Eulai

funeral

by the and 2 death.

filled in Pages 1

completely

and

physician

DIRECTOR:

0

VR A15 (4) 1SM 7/61

2.

W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 5/62 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) KINIOS b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Pages NAME OF HOSPITAL OR INSTITUTION (if not in hospite) ON A FARM? YES NO DATE Month Day DECEASED (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months WIDOWED Y DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired) 13. FATHER'S NAME LIZABETH McCain 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORM 917 POPLAR HILL RO. (Yes, no, or unkown) | (If yes give war or dates of service) W. GEORGE SCARLETT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to Immediate cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (Cily or lown) (County) (State) factory, street, office bldg., etc.) Not While While MEDI Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from A. T. (1-6.2, 19..., saw the deceased alive on 17 10 19 62, and that death occured at 3.20M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) KOCK CREEK WASHINGTON, DIC, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1900 EUTAWPL VR A15 (4) JOHN O, MITCHELLY SONS, FAC 15M 9/60

gerger. for the same JAMES MECANN ECIZABETH SOULS W. GEORGE JOHRAS J. HIJS BORD BALLED BURGE STILLE MOCK CREEK HEMINGTON I'VE John C. Mirchell & Conc. INC. 1800 Lotte as PALL THE LITTLE STATE OF THE LITTLE STATE ARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ON A FARM? YES NO T

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

DAYS

2 MONTHS

PERFORMED?

K ON

(Stete)

22h. DATE

(Stete)

SIGNED

YES

(County)

www. S. Times

DATE MAY 21 '62

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

IF UNDER 24 HRS.

62

Day

VR A15 (4) 1SM 7/61

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105212AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the 15th 4 may be retained by the hospital or attending physician.	ould .
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105F17AL OR ATTENDING PHYSICIAN: The law requires that the fee 4 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral citor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deeth.
TOS!	rctor,

	ARYLAND STATE DEPARESEARCH AND RECORDS, 3	01 W. PRESTON STREET, BALTIM	NORE 1, MARYLAND
05439	CERTIFICATE	OF DEATH	05434
CCE OF DEATH COUNTY Baltimore		usual residence (Where decessed lived, If e. STATE Maryland b. COUR	

1. PLACE OF DEATH o. COUNTY Baltin			MARYLAN	e.	CTATE	NCE (Where dece	esed lived, If b. COUN	TY .	Arundel
b. CITY OR TOWN (write RURAL and FORT	if outside corporate limits, give nearest town) HOWARD	c.	LENGTH OF STAY IN	1b c.		(If outside corpora	ate limits, write	RURAL end g	give neerest lown)
d. NAME OF HOSPI	TAL OR INSTITUTION (if	not in hospitel	, give street address)	d.	STREET ADDRES	s Box 696	, Rout	e 2	e. IS RESIDEN
	rans Adminis	tratio	n Hospital			's Lane,	Slowenseso	044	YES NO
3. NAME OF DECEASED (Type or print)	FREEL		Middle M.	C00	KE	4. DATE OF DEATH	May	3	19 62
5. SEX Male		MARRIEN X			of BIRTH ember 9		AGE (In years last birthday) yrs.	Months Da	
10a. USUAL OCCUPAT done during most of wo Fireman	ION (Give kind of work orking life, even if retired)		of Business or IND imental St						S.A.
13. FATHER'S NAME				14. MG	OTHER'S MAIDE	NAME			
Cicero	Helping Coo	ke			Marga	ret Seymo	our		
15. WAS DECEASED EV (Yes, no, or unkown) (I Yes	ER IN U.S. ARMED FORCE TYPES GIVE WEST OF THE THE TYPE TYPE THE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP	16. soc vice) 223	-16-9745			nical Red , Marylar		VA Hos	pital
Conditions, if eny geve rise to immedi (a), steting the u cause last. PART II. OTHER 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	iete cause	ons <u>contri</u> e	BUTING TO DEATH BU	T NOT RELAT	ED TO THE TERM	MINAL DISEASE CC	ONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPS PERFORMED? YES A NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	E HOW INJURY OCC	URED, (Enter r	eture of injury i	n Pert I or Pert II o	f item 1B.)		
20c. TIME OF INJU Hour e.m. p.m.	RY Month, Dey, Yeer 19	20d. INJU While et work	Not While		NJURY (Home, fa t, office bldg., e			(County	
21. I certify t	hat (I) (this hospital	l) attended By 3	the deceased fr	om Mar that death		19.62 to :20MPM	May 3	and on the	, that (1) (we) I a date stated abo
22a. SIGNATUR	1 Am	n N	D,	M.D. PH	TENDING YS.	MED. DIRECTOR	STAFF PHYS.	5/3	/62 22b. DATI
22c. PHYSICIAN'S NAME (Type)	SEBASTIAN					FORT HOWA			
23e. BURIAL, CREMATI REMOVAL (Specify) BURTAL	5-7-62	OF 23	Balto. N		1 Cemete		ltimor	e Mary	
24 FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		25a. R	EC'D BY REGISTR	AR 25b. REC	GISTRAR'S SIG	Chang
Wm Cook	Blight Inc.	6009 H	arford Rd.	14.	DATE	SELVE I OF	~	2011	

VR A15 (4)

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AGRECIAN RUISO, N. D.

TO HOSTORIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO HOSTORIL OR ATTENDING PHYSICIAN: The law requires that the death of the plant of

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

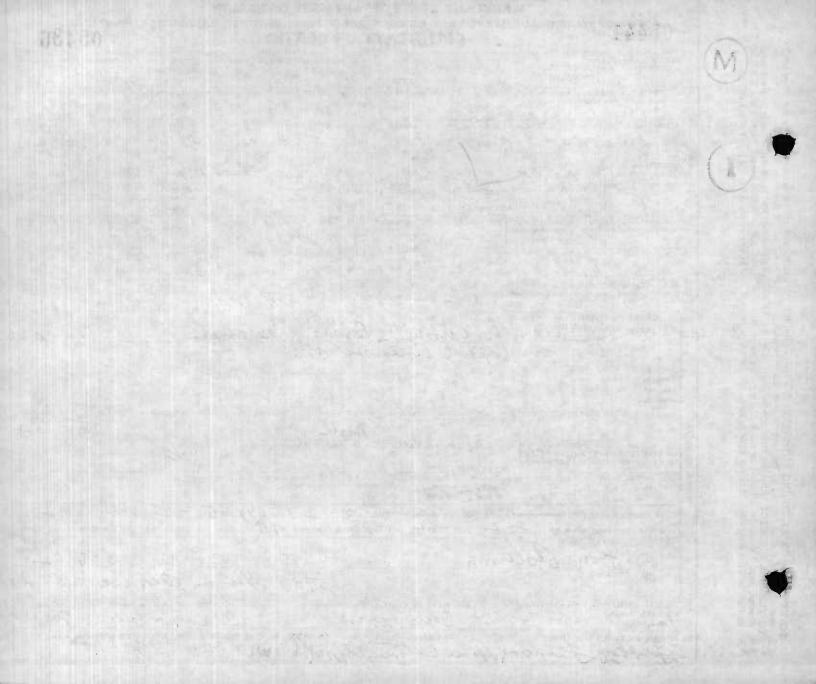
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05440 CERTIFICATE OF DEATH 05435

-			
	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If institutions Res	sidanca before admission)
V	Baltimore MARYLAND	Maryland b. COUNTY Pr. G	eo.
/广	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end	
	write RURAL and give nearest town) Catons ville 6yr2mh 9dys	District Heights , Maryland	16x-2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE
1	SHRING GROVE STATE HOSPITAL	2711 - 79th Avenue	ON A FARM?
-	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) Gladys	Cooper DEATH May 31	19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 5/8/1895 9. AGE (In years IF UNDER 1 Y last birthday) Months December 1	EAR IF UNDER 24 HRS.
	female white widowed to divorced	1900 yrs.	, riodis //ilii.
	1Da. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	clerical worker	Maximand Ohio U. S	5.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7	Reter Boven	Eva Newton	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
	(Yas, no, or unkown) (Ifyesgivawarordatesofsarvice) 276-20-5618 Rec	ords: SPRING CROVE STATE HOS	SPITAL
=	1B. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart	failure	hours
1	4-20 / DUE TO		
	Conditions, if any, which) (b) Myocardial infarc	etion	days
	gave rise to immediate cause	, 0	
	(a), stating the undarrying	G	years
			(a) 19. WAS AUTOPSY
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellitus	5	YES NO
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 1B.)	
			(5)
		CE OF INJURY (Home, farm, 2Df. (City or town) (Count ory, street, offica bldg., etc.)	
	21. I certify that (A) (this hospital) attended the deceased from	March 22, 1956, to May 31, 19	
	saw the deceased alive on	death occured at	e date stated above.
	22a. SIGNATURE		22b. DATE
	Stella War cholir m	.D. ATTENDING MED. STAFF	-31-62 SIGNED
1	22c. PHYSICIAN'S	22d. ADDRESS SPRING GROVE STATE	HOSPI TAL
1	NAME (Type) Stella Wachsler, M. D.	Catonsville 28, Maryla	and
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify) Cremation 5/31/62 Lee's Cre	matory Washington	D. C.
	CA FINEDAL DIRECTORIS SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
	Lee Funeral Home. Washington, D.C.	DATE # 4 162 Curiling &.	Thank
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18480 the single-state of the state o The state of the s Les vaneral home. Manifultum, b.C. ..

PIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY by the MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b ۾ write RURAL and give nearest town) ATONSUILLE ONSVILL .5 Pages filled a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? NEW BURGAU BUK YES NO completely 3. NAME OF 4. DATE Month Day DECEASED OF DEATH (Typa or print) 196 00 and col 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyas give war or datas of sarvica) 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit Conditions, if any, which (b) gava risa to immediata causa DUE TO (a), stating tha undarlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 2.7., 1944. ______, 1964, that (I) (are) last 2 19.62, and that death occured and I.A.M., from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY ECCATION (City, town or county) (Stala) director be file 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. REMOVAL (Specify) OI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

DEPARTMENT OF HEALTH



	1. PLAC	E OF DEAT	н					2		ESIDEN	CE (Where				Residen	ce before edmissio
	a. co	SINI I	Balt	timore			MARYLA	ND	e. STATE	Man	ryland	а ь.	COUN	TY _	. 18	
)	b. CIT	OR TOWN	(if outside	corporala limi	its,	c. LENG	TH OF STAY	N 1b	c. CITY OR	NWOT	f outside co	orporete limit	ls, write	RURAL er	nd give	neerest town)
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۱							street eddress		d. STREET							e. IS RESIDENCE
k	SPF 3. NAM		ROVE	STATE		PITAL				E. Ci		otree t				YES NO
	DEC	ASED or print)				-	Middle		Lest		4. DATE OF DEAT		Month		Dey	Yeer
-	5. SEX	or bumi)	IA COL	Edith	I	В.		Cri	pps ATE OF BIRTH	u .	DEAT	9. AGE (In	2.10	ay	21,	19 62 . IF UNDER 24 HRS
		7.					ER MARRIED					lest birt	hdey)	Months	Deys	Hours Min.
	Tema	AL OCCUPA	TION (Give	iite	WIDOWE		DIVORCED L		. 19,		ty & State	67	yrs.	1.12 CI	TIZEN O	F WHAT COUNTR
ı	done du	ng most of w	orking life,	even if retire	od)		JULIUS OK III	DOJIKI		rylar		or foreign co	Juliliy		S.	WIN COUNK
	13. FATE	ER'S NAME	ew TTE			-	init and	14	MOTHER'S	N.			-	0.	٥.	
ı		John F	. Dov	-Te					Td	a My	rs					
ŀ	15. WAS	DECEASED EN	ER IN U.S	. ARMED FOR	CES? 16.	SOCIAL S	ECURITY NO.	17. INF		C,	,,,	A	ddress			
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	1B.					line for (e),	(b), end (c).]								INT	ERVAL BETWEEN
ı		PART I. DEA	TH WAS C	AUSED BY: TE CAUSE (e)	Myoca	ardia	l Infai	ction	1						OIN	SEI AND DEATH
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	geve		tioto calleo													
	(e),	rise to immediately the		DUE TO	Arta	aring	clarati	0 (0)	odio m	n c and l	am Di					
	ceus	test.	underlying	(c)	Arte		cleroti									
	ceus	test. ART II. OTHE	R SIGNIFIC	(c)	Arte									EN IN PAR		9. WAS AUTOPSY PERFORMED?
	Cous	lest. ART II. OTHE	R SIGNIFIC	CANT CONDI	ions con	NTRIBUTING	G TO DEATH B	UT NOT R	LATED TO T	HE TERMIN	NAL DISEAS	E CONDITIO	ON GIVI	EN IN PAR		9. WAS AUTOPS! PERFORMED? YES NO 1
	Cous	ART II. OTHE OCUDI ACCIDENT WONTRIBUTING	R SIGNIFICE LUS U AS UNDE	(c) CANT CONDI COPAT RLYING E OF DEATH	ions con	NTRIBUTING		UT NOT R	LATED TO T	HE TERMIN	NAL DISEAS	E CONDITIO	ON GIVI	EN IN PAR		PERFORMED?
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	VEDICAL CERTIFICATION Specific Control Specifi	ART II. OTHE Decubi ACCIDENT WONTRIBUTING HER, NOTIFY TIME OF INJI Hour e.m. p.m.	R SIGNIFICE TAS UNDES CAUS CAUS CAUS CAUS CAUS MEDICAL CAUS MEDICAL	(c) CANT CONDI CORT REYING E OF DEATH EXAMINER) CONTROL 19	ion 20b. DES	CRIBE HOV	W INJURY OC	CURED. (E	LATED TO T eter nature of DF INJURY (I street, office	HE TERMIN injury in I Home, ferm bldg., etc.	Pert I or Per	E CONDITION I I of item 1	DN GIVI	(Co	unty)	PERFORMED? YES NO 16 (Stele)
	WEDICAL CERTIFICAL OB COLOR CO	ART II. OTHE OCUDI ACCIDENT WONTRIBUTING HER, NOTIFY TIME OF INJI Hour e.m. p.m. certify	R SIGNIFIC R SIGNIFIC LUS U AS UNDE CAUS CAUS MEDICAL URY MA	(c). CANT CONDI CEAT CONDI CONTROL C	ion 20b. DES	CRIBE HO	W INJURY OC CCURRED 20 While deceased fi	CURED. (E. PLACE factory,	elected to the steer nature of the street, office the street, office the street, office the street is the street of the street in the street i	He TERMIN	Pert I or Per	t II of item 1	B.)	(Co)	unty)	PERFORMED? YES NO (Stele) (Stele)
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	NOTE STATE OF THE	ART II. OTHE Decubi ACCIDENT WANTERBUTING HER, NOTIFY TIME OF INJI Hour e.m. p.m. certify the decea	R SIGNIFIC TAS UNDE CAS UNDE CAUS THEOLOGI THAT AF	(c). CANT CONDI CEAT CONDI CONTROL C	arte	INJURY OF Not the ded the	W INJURY OC CCURRED 20 While deceased fi	CURED. (Education of the control of	oter nature of DF INJURY (It street, office pril 1 lath occurrent ATTENDING	He TERMIN Injury in Injury	Pert I or Per 1, 2Df. (c) 19.62 1 15.0mm re AED. ORECTOR	till of item 1 City or town) O. May. Om the ca	B.)	(Co), 19 and on	unty) 2.62, the da	(Stete) hat (1) (we) liste stated above 22b. DATE SIGN
	20c. 21. 22c. 22c. 808 808	ART II. OTHE Decubi ACCIDENT WONTRIBUTING HER, NOTIF! HOUR OF INJI HOU	R SIGNIFIC R SIGNIFIC AS UNDE CAUS MEDICAL URY Mo that (F) Sed aliv- H. I	(c). CANT CONDI LCETAT. RIYING E OF DEATH L EXAMINER) Onth, Dey, Ye 19 (this hospi e onMe)	Arte	INJURY OU CE NOT	W INJURY OC CCURRED 20 While deceased fi	CURED. (E. PLACE factory, that de	of Injury (is street, office or 1 1 1 ath occur-	He TERMIN Injury in Injury	Pert I or Per 1, 2Df. (0 19.62 1 15.62 1 15.62 1 15.62 1 15.62 1 15.62 1 15.62 1 16.62 1 17.62 1 18.62 1 18.62 1 19.62 1 19.	t II of item 1 City or town) O. May. om the ca	B.) 21 ve	(Co., 19 and on STATT	unty) 2.62 the da Ma	(Stete) hat (1) (we) liste stated above 22b. DATE SIGN

TO HOSFIAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) .57 d. NAME OF HOSPITAL e. IS RESIDENCE OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO 4 npletely 3. NAME OF DATE Day Month Yeer DECEASED OF (Type or print) DEATH 19 5. SEX 8. DATE OF AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last Sirthday) Months DIVORCED 10s. USUAL OCCUPATION (Give kind of work physicial 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME Then please requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. (Hyes give wer or detes of service 18. CAUSE OF DEATH [Enter only one cause per line, for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUF TO Conditions, if eny, which geve rise to immediate cause DUF TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY GENTIFICATION 8 0 PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work b.m. .62 and that death occured at O.P.M., from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATU 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE VR A15 (4) cirthur d. 1SM 7/61

DEPARTMENT OF HEALTH

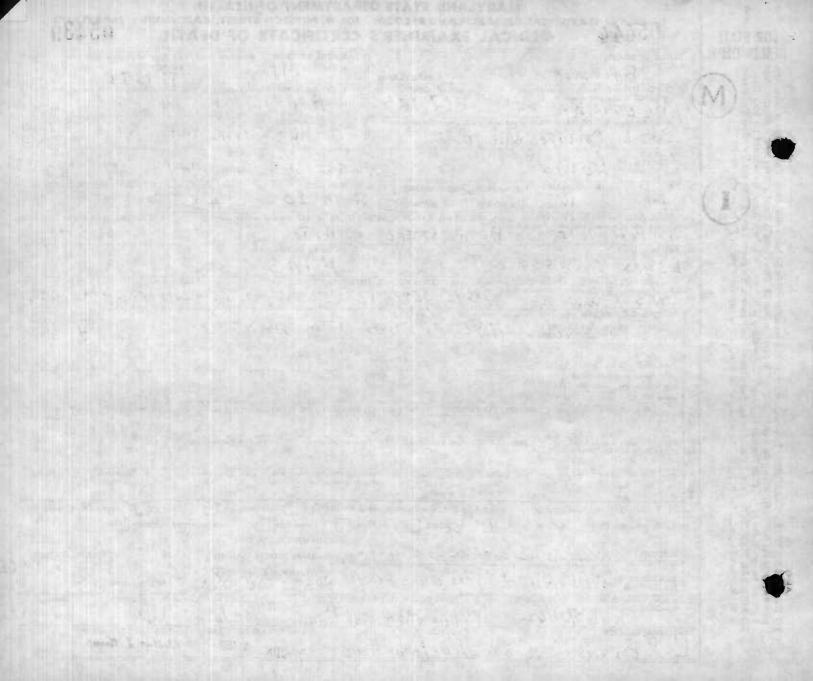
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FOR STATE HEALTH DEP TO DEC MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please excute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05439

1.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased fived, If institution: Res	Idence before edmission)
-	e. COUNTY BALTIM ORE MARYLAND	e. STATE MD b. COUNTY BATT	2.
M	b. CITY OR TOWN (if outside corporate limits, we've RURAL end give nearest town) 34 /2 YRS	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	rive nearest lown)
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		USSE JA DEATH MAY 25	7 1962
	M WIDOWED DIVORCED	3-14-20 9. AGE (In years IF UNDER 1 YE 42 yrs. Months Da	ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTR 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life, even in the life work during most of working life work during most of working life.	MD.	A S A
g	Louis CRUSSE SR.	14. MOTHER'S MAIDEN NAME HAAS	
100	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no. pr unkown) (Ifyesgivewarordelesofservice) 2/3/6-3699MR		NIA NE.
r	18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VOCAR DIFF	L INFARCTION	INTERVAL BETWEEN ONSET AND DEATH HERS
	Conditions, if any, which (b)		
	gava rise to immediate ceusa (e), stating the underlying Ceuse lest. (c)		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	19. WAS AUTOPSY PERFORMED? YES NO
		ntar nature of injury in Pert I or Part tl of item 18.)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County ory, street, office bldg., atc.)	(State)
	21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident , Suici		and in my opinion
	ACTUAL William Africany	CHIEF MEDICAL EXAMINER	DATE SIGNED
2	EXAMINER'S WILLIAM A PILLS BUR	DEPUTY MEDICAL EXAMINER TO MONTH MO NIN M.	5-27-62
2	228. BURIAL, GREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR STANDAL (Specify) 5/31/62 135/HIR MEINOR	CREMATORY 22d. LOCATION (City, town, or country)	(Stote)
	23 FUNERAL DIRECTOR SON 8807 / ARTORD RE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN DATE JUN 1'62 Chillum 8. H	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 05445 **CERTIFICATE OF DEATH** I directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND unore era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) MOS PIN Caronanole d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 67 one YES NO ID pup NAME OF Middle 4. DATE Manth Year DECEASED DEATH (Type or print) 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours MEAGUAN WIDOWED DIVORCED papers 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life even if retired) and ban ousewe 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician emave corl within 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending CAUSE OF DEATH [Enter anly ane cause positine for (o), (b), and (c).] INTERVAL BETWEEN ONSE AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO p Conditions, if any, which gned gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z CERTIF 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Nat while While at wark ot work p. m. 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 1964, and that death accurred all M, fram the causes and an the date stated above. 22a. SIGNATURE 22b, DATE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. REC 22c. PHYSICIAN'S 22d. ADDRESS Ö 23b. DATE THEREOF 23g. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, town, or county) REMOVAL (Specify) 0 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAY 2 8 Curing S. Thouse '62 VR A15 (4) 1SM 9/S9 mare

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OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY b. COUNTY the d MARYLAND MARYLAND BALTIMORE IIMORG b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY ON TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) VER LEA OVERLEA Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM AUENUE AVENU LINDEN LINDEN-YES NO completely 3. NAME OF Middle DECEASED OF (Type or print) DEATH 19 and cor carbon nt, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 11. S. A. RECORDER ALTIMORE. 14. MOTHER'S MAIDEN NAME NEMANN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) M. DANNEMANN - 7605 LINDEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 10 MINUTES IMMEDIATE CAUSE (e) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO F CERTIFIC 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this describe) attended the deceased from March. 4...., 1948 to MAY 20....., 1963, that (I) (we) last .30.....19.62., and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on MARCh 22e. SIGNATUR 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR May 20 22d. ADDRESS 22c PHYSICIAN'S director, filed 23e. BURIAL, CREMATION. (State) REMOVAL (Specify) 0 HEART CEM MA 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND by th b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) DWSON 2 TOWSON Filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES / NO D completely Middle Yeer DECEASED (Type or print) DEATH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours WIDOWED A DIVORCED [USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Stete, or foreign country done during most of working life, even if retired) 13. FATHER'S NAME please .5 attending pue WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give wer or dates of service) ECORDS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 1. 19. WAS AUTOPSY CERTIFICATION as 0 PERFORMED? YES NO use 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Ö Hour e.m. et work et work DIRECT deceased alive on. 22b. DATE 22e. SIGNATURE O ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. PHYSICIAN'S ADDRESS 22d. director, be filled 23d. LOCATION (City, town or county) BURIAL CREMATION, 23b. DATE THEREOF YAME OF CEMETERY CREMATORY REMOVAL (Specify) 0 256. REGISTRAR'S SIGNATURE *#UNERAL DIRECTOR'S SIGNATURE* ADDRESS 25e, REC'D 8Y REGISTRAR VR A15 (4) 15M 7/61 arthur & Kraus

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and completely filled in by the funeral carbon papers. Pages I and 2 should thin 24 hours after **72** hours after 4 may be retained by the hospital or attending physician.

AL DIRECTOR: After this certificate has been signed by the attending physician and completely The law requires that the death certificate be execut TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate death.

4 may be retained by the hospital or attending physician.

TO FUNDALL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please remove c be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05448 CERTIFICATE OF DEATH 0.5.443 05443

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1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
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b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
write RURAL and give nearest town)	X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
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3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Antonio Del	Thetto OF 1 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Jest birthday) Acoust Days Hours Min
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10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph DeGhetto	Mary Sala
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) (Ifyesgivewerordelesofsarvice) 137107520A	Robert L. DeGhetto same
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coron ary	acelusien ONSET AND DEATH
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ceuse lest. (c) SILONG CONTROLLED TO SEATTLE DITE.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY
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nour e.m.	actory, straet, office bldg., atc.)
	n Oyand 20, 1962 to Closed 30, 1964, that (1) (NO) last
21. I certify that (I) (this hospital) attended the deceased from	
	nat death occured at
220. SIGNATURE Lee K Frings and	M.D. ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Typa) / E = 1/ T & Q CA A	22d. ADDRESS
LEE VELLOON	AD 8155 Lock Paren Blood
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER (Specify)	emetery Patterson, (Stete)
000000	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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1. 9. Ruck Inc. 5305 Hartord Roa	ed DATHAY 4 '62 arthur S. Thous

1 (35) L. J. Much Sile, 1307 Maryona Monda

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CERTIFICATE OF DEATH

1. PLACE OF DEATH						K	eg. Dist. No),
Balti	more		MARYLAND	o. STAJE	here deceased lived.	If institution, county Be	Residence before 1 timo	pre admission)
b. CITY OR TOWN (If o	utside corporate limits) c. LENGT	years		outside corporate lin			
OR INSTITUTION				d. STREET ADDRESS		Avenue	3	15 RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	First CA	RLO	Middle L.	Lost	4. DATE OF DEATH	Month May	D	oy Yeor
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	CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year	20d. INJURY OCC	CURRED 20e. PL/	ACE OF INJURY (Home, form	, 20f. (City or low		(County)	YES NO
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20c. TIME OF INJURY Hour o. m. p. m. 21. I certify that alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) E U	CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year 19 I attended the column of the col	20d. INJURY OCC While Not work of work of work of work deceased fram, 19.6.2, devy, M.D. 22c. NAM	curred 20e. Pt. for pork and that death	ACE OF INJURY (Home, form clory, street, office bldg., etc. 1976, ta. accurred at 9.33 M.D. 7001 Mor	20f. (City or town) Mega M. from the ADDRESS (Street, ci Phington Pre 22, M 22d. LOCATION (C	n) , 19 £ 2-tl causes and y or town, stot Road arylar ity, town, or co	hat I last s an the do	idence before admission) timore on a fermination of the property of the date stated ab date stated and the property of the date stated ab date stated and the date stated ab date stated and the date stated ab date stated ab date stated and the date stated ab date stated ab date stated ab date stated ab date stated and the date stated ab date stated

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TO FUNE. DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled. may be Mined by the hospital ar ottending physicion.

TO FUNE DIRECTOR: After this certificate hos been signed by the ottending physicion and can page 3 should be detached for use as the buriol-transit permit. Then please remove corban pop the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

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VS A15 (4) 15M 9/55

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH Baltimore County b. COUNTY by the and 2 MARYLAND b. CITY OR TOWN (if outside corporete limits, porete limits, write RURAL end give neerest c. LENGTH OF STAY IN 16 Wilson, Plary Land IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) papers. Pag ON A FARM? Mt. Wilson State Hospital YES NO completely 3. NAME OF Middle DATI Month OF DECEASED DEATH (Type or print) and col IF UNDER 24 HRS. with 6. COLOR OR RACE! 9. AGE (In yeers IF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED irthday) Months Min. Deys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 10e. UŞUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>a</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (If yes give wer or detes of service "Hospital Records, Mt. Wilson State Hospital been signed by th INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line lor (a), (b), and (c) ONS T AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying burial, ceuse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY certificate PERFORMED? 5 9 NO CERTIFIC 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from....... and that death occured at... If from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE IGNED STAFF ATTENDING PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN Newcomer, M.D., Superintendent Mt. Wilson State Hospital. Mt. Wilson, Md. ector, LOCATION (City, town or county) 23c. NAME OF CEMPTERY OR CREMATORY 23e. BURIAL, CREMATION. 辜 0 Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR ADDRESS* 25e. REC'D BY REGISTRAR VR A15 (4) archun S. Firmus 15M 9/60

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	DIVISION OF STATISTICAL RESEARCH AI	ND RECORDS, 30 RTIFICATE	OF DEATH	REET, BALTIMORI	1, MARYLAND
=	1. PLACE OF DEATH Item 2 Fi	1m G313 5/	25/62 mh		
1	a. COUNTY	2.	e. STATE	b. COUNTY	fitution: Residence before admission)
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	b. CITY OR TOWN (if outside corporate limits, write RURAL end give heerest town)	TH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporete limits, write R	URAL end give neerest town)
Ŧ	Cotmandle	>	1 often	smille.	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give a	street eddress)	d. STREET ADDRESS	0,-00	e. IS RESIDENCE
L	16 S. Prospect Ave. (he	er home)	16 8. PRD.	SOPLT AU	ON A FARM?
=	3. NAME OF First	Middle	, - , / / / / /	ATE Month	Dev Yeer
	(Type or print)	T ELO		EATH MAY	10 10/3
	CHROLING	I. FDC	7 /////	.,,	UNDER 1 YEAR IF UNDER 24 HRS.
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	ER MARRIED 8. DA			UNDER 1 YEAR IF UNDER 24 HRS.
		DIVORCED HUL	9.10, 1885	76 yrs.	
I	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SINESS OR INDUSTRY 11	. BIRTHPLACE (County & St	ate, or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	Housewife			Md.	U.S.
1	13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME		
	William F. Calaible			Ecker	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. INFO	RMANT	Address	•
	(Yes, no, of unkown) (Ifyesgivewarordetesofservice)	Aug.	- 1	7.001033	
-	No -		AMILY		
1	18. CAUSE OF DEATH (Enter only one cause per line for (a),	(b), end (c).]			ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardia	l Infarction	acute		3 days
ı	420 / DUE TO				
		y Oclusion,	acute		3 days
1	geve rise to immediate cause	J COMMONDING			
	(e), steting the underlying DUE TO				
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BE	ATED TO THE TERMINAL DI	SEASE CONDITION CIVEN	IN PART 1(e); 19. WAS AUTOPSY
1	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO DEATH BUT NOT KEE	ATED TO THE TERMINAL DI	JEASE CONDITION GIVEN	PERFORMED?
	CAI				YES NO X
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOV	Y INJURY OCCURED. (Ent.	er nature of injury in Pert I o	r Part II ol item 18.)	
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OC			f. (City or town)	(County) (Steta)
-	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OC While Not W at work □ et w	11110	treet, office bldg., etc.)		
		Lad	nole so	50. Mars 39	10.62 (1) (1) (2)
	21. I certify that (I) (INDEDENSE) attended the				
	saw the deceased alive on May 16 19		ath occured at. A.A.M.	from the causes an	
	22e. SIGNATURE	2	ATTENDING MED.	STAFF	22b. DATE SIGNE
	100	WG M.D.	PHYS. DIRECTO		May 18, 1962
	22c. PHYSICIAN'S		22d. ADDRESS 1 Ma.	llow Hill Ave	9.,
I	NAME (Type) Leo J. Gave	r, M.D.		imore 29, Md	•
ŀ	23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	ME OF CEMETERY OR		. LOCATION (City, town	or county) (State)
	RENOVAL (Specify) MAY 21 1962 LON		0 6	BALTIMORE	Md
	Dayline	PRAINC PR	Len PECID BY	REGISTRAR 256. REGIS	TRAP'S SIGNATURE
1	24 FUNERAL DIRECTOR'S SIGNATURE AD	L	4		of S. Kraus
	C.S. Mac Yabr 3017	eccences the	e 28 DATEAY 22	Circles	M M. / Viene

is an interest that the state of the specific of N 849.10, 1885 76 Production of William F. Schallte Vinterly. stics and the letter with CONTRACTOR OF THE PROPERTY E AF 18 CO TO THE STATE OF THE The life was a second FILE CHESTS BERIAL MAY 21 1962 LORRAIN PA TEH. 361 Frederick Act 28

05452 ofter death. Page 4 **S FUNERAX. DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotion, ar remayal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

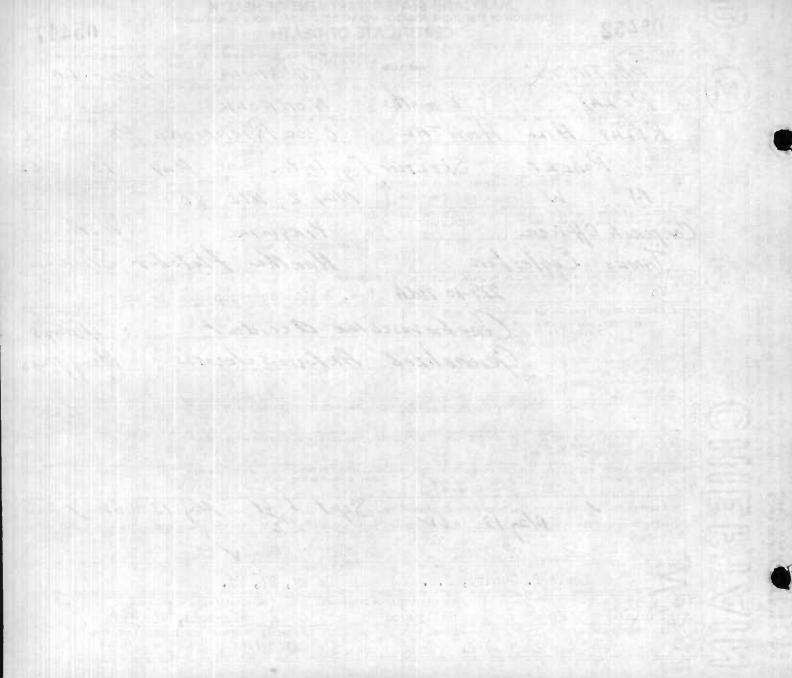
may be TO HOSPIT

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05447

	o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE b.	(COUNTY
	PALTIMORE		VIRGINIA	WORFOLK
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	is, write KURAL and give nearest rown)
	d. NAME OF HOSPITAL (If not in haspital, give street of	0 Months	NORFOLK	e, is residence
)	ORMITITUTION	1	d. STREET ADDRESS	ON A FARM?
	KELAY MILL M	tospi itt	6300 KICHM	OND PL, YES NO
	3. NAME OF DECEASED	Middle	E Lost 4. DATE OF	Month Day Year
	(Type or print) KOBERT	OKELTON.	Eggles Fon DEATH	MAY 13 1962
	MA III	The Control of the Co	DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. Min.
	WIDOWE		11 my 2, 1862 8	O yrs.
	10a. USUAL OCCUPATION (Give kind af work done during most of working life, yen if retired)	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Corporate Officer		VIRGINIA	4.3/7
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	11/5/
1	JAMES A CAGIESTO.	n	Nartha The	tcher snoke
	15. WAS DECEASED EVER IN U. S. RMED FORCES? 16. (Yes, no, ocuniknown) (If yes, give wor or dates of service)	-0	ORMANT	Address
	No Z	29-10-7806A I	Ars. Belia Robertson	as above
	1B. CAUSE OF DEATH [Enter only one cause per lie	e for (o), (b), and (c).		INTERVAL BETWEEN ONSET, AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ere pro vescu	lan accident	4 days
	33/Y DUE TO 0		2 1	41
	Conditions, if any, which) (b) (1)	veralized	Arterio 5 cleros	15 Many YEGES
	gove rise to immediate out to DUE TO			11
	lying cause lost. (c)			
)	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	8			YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Part 1 or Port II of it	em 1B.)
		f = -4	CE OF INJURY (Home, farm, 20f. (City or town	(County) (Stote)
	Hour o. m. While of work	IAOL MUIIE	ary, street, office plag., etc.)	
	21. I certify that (# (this hospital) attend	led the deceased from	Sept 6 1961 to M	13 19 6 1 That W (we) lost
	sow the deceased olive an Man 13	2 / 1 /		uses and on the dote stated obove.
	22a. SIGNATURE	/	eoni accorred the Arm, Irain me co	22b. DATE
	£ . P.	Yunda N	A.D. ATTENDING MED. STAF	SIGNED SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS	
	NAME (Type) Lewis P. Gund	iry, M.D.	Relay, 27, Md.	
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (C	ity, town, or county) (State)
	REMOVAL (Specify) 5/15/62	Hollywood		nd. Virginia
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	William & Dickney + 1	Ins north +1.	Enna DATAY 1 4 '62	arthur S. Thoras



CERTIFICATE OF DEATH 05453 funeral thin 24 hours after PLACE OF DEATH a. COUNTY a. STATE Baltimore # 7 T MARYLAND Maryland by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Randallstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Liberty Court Rehabilitation Center completely 3. NAME OF Middle DECEASED OF (Type or print) DATE OF BIRTH wit 7. MARRIED NEVER MARRIED and WIDOWED DIVORCED Female certificate physician 940 USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratirad) Baltimore . Md At Home None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry C. Kammer Then F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyesgiva war or datas of servica) No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiate causa DUF TO (a), stating the undarlying causa last. certificate CERTIFICATION hospital 0 use 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, offica bldg., atc.) While Not While Hour a.m. at work at work 19 p.m DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from... 10.... and that death occured at from the causes and on the date stated above; saw the deceased alive on...... 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22 PHYSICIAN'S NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 냚 0 Baltimore, Md Lorraine Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) MAY 2 4 '62 1SM 7/61 .C. Higinbothom, Ellicott City, Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Howar d c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City e. IS RESIDENCE ON A FARM? YES NO ll Overlook Drive 4. DATE Month Day Year DEATH 19 May 21 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Margaret Walters Addrass James F. Eslin, 11 Overlook Drive. Ellicott City ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO I

(County)

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(State)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed livad, If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give naerest town) write RURAL and give nearast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADORESS IS RESIDENCE Ö ON A FARM? YES NO L NAME OF Middle Month Yan DECEASED (Type or print) DEATH 19 62 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED [USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, avan if ratirad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yas giva war or dates of servica with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise lo immediate ceuse DUE TO (e), stetling the underlying causa lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED 2Da. EXTERNAL CAUSE WAS 29b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Pert I or Pert II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age c Chief 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 2Dc. TIME OF INJURY Month, Day, Year 2Df. (City or town) (Couply) factory, street, office bldg., etc.) Not While et work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion Accident V Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER forwar ACTUAL ASSISTANT MEDICAL EXAMINER ATE SIGNED should be for FUNERAL SIGNATURE ute DEPUTY MEDICAL EXAMINER NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b. DATE THEREOF (Stete) REMOVAL (Specify) **540** 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME Orthur S. Hours 5M 7/59

12.5.0 COLUMN TO SERVE SERVE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY the d 2 MARYLAND TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1500 moRE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RESIDENCE ON A FARM? YES NO Z completely Middle DECEASED OF (Type or print) DEATH 196 5. SEX AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days WIDOWED IX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired At Home USA HOMMOWIKO Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= Bertha Nathanson pleand Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of service) Lunview Avenue 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), l PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immadiate cause DUE TO (a), stating tha underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY O CURED. (Enter return of injury in Part I or Part II of item 18.) MEDICAL 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work May 19.6 4that (1) (last 21. I certify that (I) (this hospital) attended the deceased from... and that death occured and amount, from the causes and on the date stated above. saw the deceased alive on 26 22a. SIGNATURE ATTENDIN SIGNED PHYS. DIRECTOR M D page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Baltimore. Maryland 0 Hebrew Young Mens Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bros. Inc. 6010 Reisterstown Rd. 15M 9/60 Chillun S. Kray

113364 Adequate Parties of the 4135 700 KIK BEEL HE ET ACM SEVERE The Market Rouseaux 5537 Eventue Sulphi STREET WELL IN CORE THE PARTY OF THE PROPERTY. Suprice Training Colors Cours Sens a Suprice Supris Sens a Suprise Sup Tol Levisson & store Inc. 5010 Seinterature in in 1 2011 Command in the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral USUAL RESIDENCE (Whare decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Baltimore Baltimore Marvland by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) write RURAL end give neerest town) Towson Li fe Towson hours after .5 7 filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Joppa Road YES NO TO Anneslie Road completely 3. NAME OF 4. DATE Middle Month Dev DECEASED OF 62 Mav (Type or print) DEATH 19 Blanche P. Fisher carbon with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 1896 last bighdey) and Months Hours Min Female White event, WIDOWED IX DIVORCED physician гетоме 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired Newport News, Virginia Housewife 14. MOTHER'S MAIDEN NAME attending pl 13. FATHER'S NAME .5 Henry A. Pollock Laura V. McNamee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Joan Ave. (Yes, no, or unkown) | (If yes give war or dates of service) Mr. Jas . attending physician. Towson INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1-2 mas IMMEDIATE CAUSE (e) e hospital or attending phys s certificate has been signed or use as the burial-transit p prior to burial, cremation, DUE TO Condilions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, (County) (State) 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) factory, streat, office bldg., etc.) Whila Not While Hour a.m. et work et work may be retaine DIRECTOR: to 5/9 /6.2...., 19....., that (I) (we) last 19....., and that death occured at 2:47M, from the causes and on the date stated above. ATTENDING 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. M.D FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 23d. LOCATION (Qify, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Bal t. Co. Md. OI Monte Marie Cem. Towson. Buria 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) & Sons Co. Circling S. Thousa 15M 9/60 DATE

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DEP elay is necessary, eral director. Page

TO DIECT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please accute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the partial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME 5M 1/62

Health or its designated agent, prior to burial, cremation, or removal, and in any event with

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0545? MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05452

e. COU	OF DEATH	altimore		MARYL		a. STATE Md.	NCE (Where		institution, Res		adinission
b. CITY writ	OR TOWN (ii e RURAL and	foutside corporete limi	ts,	c. LENGTH OF STAY		Arbutus	l (If outsida d	corporate limits, wri	te RURAL and s	give nearest to	wn)
			f not in hos	pitel, give street addres	ss)	1		Ave			
3. NAME DECEA (Type or	SED	Edmind	M. E	Middle		Lest	OF	20.			
5. SEX	Arbutus d. STREET ADDRESS 4. DATE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) First Con A FAR YES NO ON A FAR YES NO HOUSE I FUNDER 14 Hours Min Hours Min Hours Min Hours Min Hours Min ON A FAR YES NO HOUSE I FUNDER 14 ON A FAR YES NO HOUSE IN U.S. ARMED FORCES? LOCCUPATION (Give kind of work Wilford Fisher "ECASED EVER IN U.S. ARMED FORCES?" LUNKOWN] (If yes yive werordeless of service) U.S.A ATHUTUS ON A FAR YES NO HOUSE I FUNDER 14 HOUSE 1	R 24 HRS.									
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(Yes, no, or	unkown) (If		ervice)				inson			Bridge	eport
gave ri (a), ste cause I	se to immedie eting the un ast.	which (b) DUE TO (c)	TIONS CON	ITRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEA	SE CONDITION GI	VEN IN PART 1(PERF	ORMED?
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE, 18	

CERTIFICATE OF DEATH

05454

(5459		CERTII	FICATI	OF DEATH			Reg. Dist.		454
1. PL	ACE OF DEATH			2.	USUAL RESIDENCE (Whe		ed. If institutio	nı Residence	before adn	nission)
	Baltimore		MARYL	AND	Maryla	nd	b. COUNTY	Baltin	nore	
Ь.	CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	s, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If ou	tside corporole	limits, write RU	IRAL and give	e nearest to	own)
S	parrows Point (19)	26 yrs.	X	Sparro	ws Poi	nt	(19)		
1	NIAME OF HOSPITAL III and in hospital of	ive street	address)	1	d. STREET ADDRESS				e. 15 i	RESIDENCE
7	or institution 340 Waldman Aver	nue			7340 Wal	dman A	venue			□ NO 🔯
DE	ME OF Fire CEASED WALS		Middle RAYMOND F	ORNWA	Lost LT	4. DATE OF DEATH	Mont Mar		Doy	Year 19 62
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D 8. D	TE OF BIRTH	9. A		IF UNDER 1	YEAR IF UN	NDER 24 HRS.
me	le white	WIDOW	ED DIVORCED	□ Me	rch 6,189	7 6	5 yrs.	Months D	ays Hou	rs Min.
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	bor Foreman		Steel		Pennsylv	ania		USA		
13. FA	THER'S NAME			14	MOTHER'S MAIDEN NA					
	Harry Fornwal	Lt			Fannie	(unk	nown)			
	AS DECEASED EVER IN U. S. ARMED FOR	minal !	SOCIAL SECURITY NO.	17. INFO			Addre		//	
	10	2	13-09-438	2 E	la Z.Forn	walt	sar	ne as	#2	
10	. CAUSE OF DEATH [Enter only one co	se per li	ne for (o), (b), and (c).]						INTERVAL ONSET A	BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Ade	no Carcin	oma]	ung				July	1958
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	Conditions, if ony, which) (b)									
	gave rise to immediate DUE TO									
	ying couse fast. (c)									
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WEDICAL	c. TIME OF INJURY Manth, Doy, Yea Hour o. m.	While	Not while	20e. PLACE (OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or t	awn)	(Co	inty)	(State)
	p. m.	at wor					1.5			
	1. I certify that I attended the									
0	live on April 25th	1, 19	and that	death ac	curred at 6:45A				date st	
	CTHAL OF THE DA	10	10,11			DDRESS (Street,			~ /5	DATE SIGNE
S	GNATURE DUIS 1.	1 12	eur	M.D.	6908 Nort	h Poir	it Koa	<u>d</u>	2/1	9/62
	HYSICIAN'S Louis N. To	llin	,M.D.		Baltimore	19,Ma	rylan	d		
22a. E	URIAL, CREMATION, 226. DATE THEREO	F	22c. NAME OF CEME	TERY OR CR	MATORY	22d. LOCATION				tale)
Bui	STAT (Specify) 5/22/6	2	Oak Lawn	Ceme		Baltin	ore C	o.,Ma	ryla	nd
	INERAL DIRECTOR'S SIGNATURE	1 0	ADDRESS	No 7 le	240. REC'D	ey REGISTRAR	24b. REGIST	TRAR'S SIGN	ATURE	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Health, director. Page is necessary files. MARYLAND ALTIMORE ALTIMORE b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give necrest town) for your ō STEMMERS RUN TEMMERS Board d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? death. If any course 1003 RACE ROAD 74 003 RACE, ROAD #21 YES NO IS refained State NAME OF 4. DATE Middle Dev Yeer DECEASED OF DEATH (Type or print) 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED iffer de 1, 2, and 3 age 5 mg 1, 72 h last birthday) Deys Months Hours WIDOWED I DIVORCED within 24 hours after 8. Give Pages 1, 2, ar USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA IREMAN pages 1 within form PM3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSEPH NKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give were rdetes of service) permit. in pencil in Item 1 Office along with ANK 1003 RACE ROLD any certificate should be executed 18. CAUSE OF DEATH [Enter only one cause por line for (e), (b), end (c).] burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUF TO removal, Conditions, if eny, which (b) geve rise to immediate cause "pending" Ø Examiner's DUE TO 10 (a), steting the underlying 5 cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 9 cute the certificate, writing the word NO plnods 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. e 3 s Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) White Not While et work et work to the prior DIRECTOR: 21. I certify that I look charge of the remains described above, held an Autopsy Inspection I Inquiry and in my opinion forwarded Suicide Homicide Undetermined manner death resulted from Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) DEP lease (22c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22d. LOCATION (City, town, or country) (State) 220. BURIAL, CREMATION, REMOVAL (Specify) 940 ò 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME arthur S. Thouse

DEPARTMENT OF HEALTH

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	Division of STATISTICAL RE	SEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMO	ORE 1, MARYLAND
FOR STATE	UD462 MEDIC	CAL EXAMINER'S	CERTIFICATE OF DEATH	05/15/2
HEALTH DEPT	. PLACE OF DEATH			1,0401
> 0 €	a. COUNTY		a. STATE Manual on 3 b. COU	
essary, r. Page filles. Health,	Baltimore	MARYLAND	Maryland	Baltimers
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Board dir	d. NAME OF H SHIAL OR INSTITUTION (If not	In hospital, giva streat addrass)	d. STREET ADDRESS	a. IS RESIDENC
E 10 E	1623 Alston Road		1623 Weston	ON A FARM
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3 to be be the that the the that the the the the the the the the the th	Anne	Marie Friedel	V	110/6219
20.2	Female white	ARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In year lest birthday)	IF UNDER 1 FEAR IF UNDER 24 HRS Months Deys Hours Min.
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Page 1 s 1 n 7 n 7	Never Worked		Baltimore, Maryland	USA
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E E E	5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	Doris Marie Reuter	
wit 18.	Yes, no, or unkown) (Ifyes giva war or detas of servica		. George A. Friedel, Jr	
em with	NO		. George A. Friedel, Jr	1023 Alston Road
in It	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
cil in alon rans	IMMEDIATE CAUSE (a)	Fracheobronchiti	s & interstitial	
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Ser de la	death resulted from Natural causes	, Accident, Suici		manner
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T to the state of	ACTUAL SIGNATURE	ueyser	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
execute full be full b	EXAMINER'S		DEPUTY MEDICAL EXAMINER	
Should I	NAME (Type) Rudiger Breit	enecker, M.D.		lay 11, 1962
DEF shoul FUN	REMOVAL (Spacify) 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		n, or country) (Stata)
0 540 9	Burial 5-12-62	Druid Ridge Ce	metery Pikesville.	Managara
H H	3. JUNERAL DIRECTOR	ADDRESS	24a. REC'D BY REGISTRAR 24b. REC	Maryland GISTRAR'S SIGNATURE
VS. AISME	ma tinkeren - land	Baltiniai	Med DATE WY 1 4 '62	
M	Julien & Sons	Dungkork "	Med I DAIR AND 1 65	tithus S. Trans
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OS! AT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed hin 24 hours after		UNEASE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	stor, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	iled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	, ,
law requires that the death certificat	Iding physician.	sen signed by the attending physician	al-transit permit. Then please remove	remation, or removal, and in any ever	
ENDING PHYSICIAN: The	ained by the hospital or atten	R: After this certificate has be	detached for use as the buring	ot. of Health prior to burial, c	
OSY A OR ATTE	h. P 4 may be rei	UNERAL DIRECTO	stor, page 3 should be	led with the State Der	

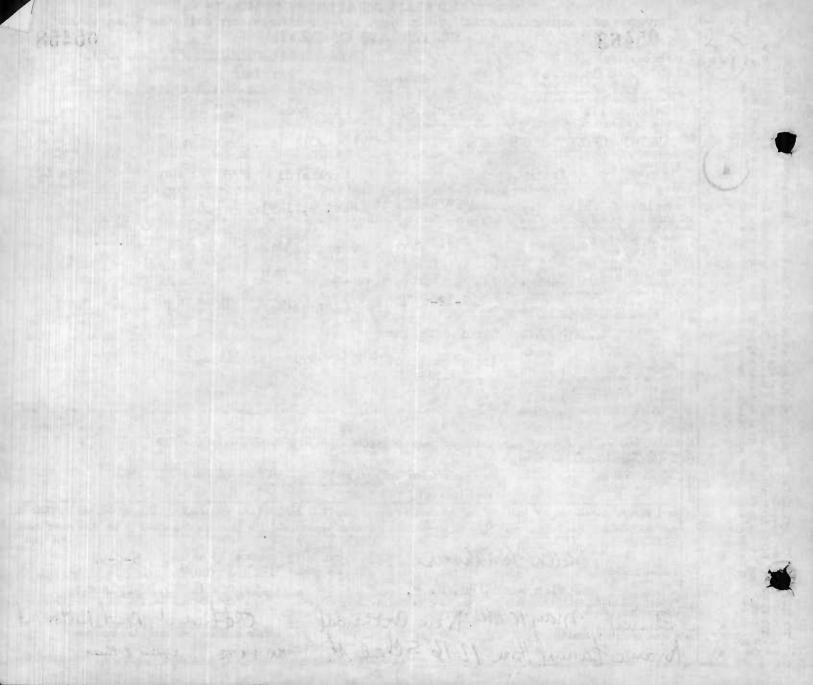
DIVISION O	F STATISTICAL RESE	ARCH AND RECORDS	EPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1E OF DEATH 15458
LACE OF DEATH	altimore	MARYLAND	a. STATE Maryland b. COUNTY
city or town (if write RURAL and catonsvil		c. LENGTH OF STAY IN 16 2yr 27dys	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V 0 1 4
	ROVE STATE H	ospital, give streat address) OSPITAL	d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 2011 West Pratt Street yes \sum no \sum
NAME OF DECEASED Typa or print)	Frank	Middla	Cagliardi de Month Day Year May 8 19 62
	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8	8. DATE OF BIRTH Nov. 9, 1893 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Mi
a during most of work	king lifa, avan if ratirad)	KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
operato	r	railroad	Italy U.S.
	vas giva war or datas of sarvica)	020 20 (200	unknown INFORMANT Address cords: SPRING GROVE STATE HOSPITA I.
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
4221	DUE TO		

Arteriosclerotic cardiovascular disease Conditions, if any, which (b) gava risa to immediata causa DUE TO (a), stating the underlying causa last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CATION PERFORMED? NO A 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, straat, offica bldg., atc.) Whila Not Whila Hour a.m. at work at work to Nay 8 , 19.62, that (I) (368) last 21. I certify that ((this hospital) attended the deceased from..... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING 22c. PHYSICIAN'S NAME (Typa) Catonsville 28, Maryland 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

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him hy filled s. Pages tours aft	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 1201 Boyce Ave. o. IS RESIDENCE ON A FARM? YES \(\sum \color \)
xecuted ompletely papers.		3. NAME OF DECEASED (Type or print) FRANK JOHN GOEBEL 4. DATE Month Dey Yeer OF DEATH May 12,1962 19
e be e and co carbon nt, with		5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 YEAR If UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. Min.
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death cling please	T	John Goebel 14. MOTHER'S MAIDEN NAME Cora Small
at the atten Then noval, a	٠	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (Ifyes give wer or deles of service) 705-12-1537 Mrs Fred H. Robb, Rfd 1 McKee Rd
uires thy sician. sed by the permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Me AS To Tie Correct
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4 may L DIR e 3 sho	,	226. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
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death. TO FU directe		23e. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) 5/15/62 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) Burial 5/15/62 Dulaney Valley Cem. Baltimore County, Md.
VR A15 (4) 15M 9/60	· M	Wm Cook Towson Inc Towson 4, Md. 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE Date MAY 1 4'62 Chilling S. Fleating

MARYLAND STATE DEPARTMENT OF HEALTH

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Burlal 5/15/42 Phlaner Valley Com. Politimore County,

Vm. - Cook Towson Ind Towson 4. 1g.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b, COUNTY MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) EASTON FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? ADMINISTRATION HOSPITAL YES NO papers. n 72 ho completely 3. NAME OF Middle Last DATE Month 4. Day Yeer DECEASED OF (Type or print) May DEATH CHARLES E. GOLT 62 within 19 and cor 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. death certificate be last birthdey) Months Deys MALE ent, WIDOWED T DIVORCED March 3. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) U.S.A. State Roads Commission Cordova, Maryland Laborer 13. FATHER'S NAME Henrietta Messick Roland A. Golt ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records
VAH, Fort Howard, Maryland requires that the (Yes, no, or unkown) | (If yes give we ror dates of servica) WW T 213-01-8273 Yes 18. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Yrs. CHRONIC LYMPHATIC LEUKENIA. IMMEDIATE CAUSE (a) 204,0 DUE TO Conditions, if eny, which gava rise to immediate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY NOL PERFORMED? NO 30 CERTIFICA 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, Month, Day, Yeer 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m 19 62, that (we) last (this hospital) attended the deceased from.... saw the deceased alive on... 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH, Fort Howard, Maryland STEWART, M.D. 23a. BURIAL, CREMATION. | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) の寺る Buria Ceme terv Easton ADDRESS 25a. REC'D BY REGISTRAR 25b. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 arthur & thouse ramoton Carro

RYLAND STATE DEPARTMENT OF HEALTH

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fun fun sho	(M	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution; Res	idenca before edmission)
4 hour by the	1	Baltimore MARYLAND	Maryland H //	15 Hrungel
by an	deal 5	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end g	(Ive neerest town)
filled in Pages 1	irs after	Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Glen Burnie d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	hot	Veterans Administration Hospital	105 Central Avenue	YES NO
execute completely on papers.	72	3. NAME OF DECEASED Served as: Horace W.	Gregoire of	Day Yeer
exe Eog	Ē	(Type or print) 5. SEX 6. COLOR OR MACE! 7 MARRIED WILLIAM MARRIED TO	177 E 42 / / / / / / / / / / / / / / / / / /	1, 19 62 AR I IF UNDER 24 HRS.
and carbo	**	7. MARNED THE VER MARNED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE last birthday) Months Da	
	ent,	Male White WIDOWED DIVORCED	April 3, 1898 64 yrs.	
ifica sicia nov	9	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		N OF WHAT COUNTRY?
certificat physician s remove	any	Mechanical Engineer Carton Company	Hillsboro County N. H. U.S	•4•
	.E	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
the death attending hen pleas	T	George Gregory	Odellie Duperee!	
the after Then	100	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewarordatesofservice)		
hat hat	втома		inical Records, VAH, Fort Howard,	
es t cian by	Te	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
quir ysi ed t	, c	IMMEDIATE CAUSE (a) LEFT LOBAR PNEU	MONTA	4 DAYS
sign ansi	atio /	490 X XXXXX		
din din	me.	Conditions, if eny, which gave rise to Immediate causa	VER	UNKNOWN
	6.3			
The aften steen is be buris	,	(a), stating the underlying DUE TO		
N: The or atten	ourial,	(a), stating the underlying DUE TO cause last. (c)		
CIAN: The pital or atten ificate has be as the buris	r to burial,	(a), stating the underlying DUE TO cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED?
YSICIAN: The hospital or attencertificate has be	prior to burial,	(a), stating the underlying DUE TO cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(RED. (Enter neture of injury in Pert I or Part II of item 18.)	PERFORMED?
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NG PHYSICIAN: The by the hospital or attenter this certificate has be the dor use as the burian	Health prior to burial,	(a), stating the underlying Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.) PLACE OF INJURY (Home, farm, 1. 20f. (City or town) (County	YES NO
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e4 may back Direct Dage 3 show	with the State Dept. of Health	(a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While e.m., p.m. 19 work et work 20c. INJURY OCCURED saw the deceased alive on May 11	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County sectory, street, office bldg., etc.) m. March 26 1 29 62 to May 11 19.6 and death occurred at A.M., from the causes and on the ATTENDING MED. PHYS. DIRECTOR PHYS. 1	YES NO (Stete) 2 that (X (we) last a date stated above. 22b. DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05469 PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and giva naarast town) write RURAL and give neerast town! Fort Howard Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streef eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? letely YES NO Y Veterans Administration Hospital 3337 Woodside Avenue 4. DATE Month DECEASED OF (Type or print) DEATH 19 DONALD GRITZMay 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED April 27. White Ma. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, even it retired) Bartender Tavern Baltimore, M Maryland U.S.A. 13. FATHER'S NAME John R. Gritz Margaret M. Arnal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrage (Yas, no, or unkown) | (Ifyes giva war or dates of service) 213-28-2212 Clinical Records Vet. Adm. Hosp., Ft Howard, Md. Korean Conflict 18. CAUSE OF DEATH [Entar only ona cause per lina for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HODGKINS DISEASE UNKNOWN DUE TO Conditions, if any, which (b) gava rise to immadiata causa DUE TO (e), stating tha underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Pert I or Part II of itam 18.) After this OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, farm, 20f, (City or town) (County) (Slate) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work DIRECTOR 21. I certify that XI) (this hospital) attended the deceased from May 9 saw the deceased alive on May 22a. SIGNATURE DIRECTOR PHYS, FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS John D. Talbert. M.D. Adm. Hosp., Fort Howard, Maryland 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete) 0 5 8 REMOVAL (Spacify) Parkwood Cemetery Raltimore Burria! 25m, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Cothur S. Kraus 15M 7/61

ARYLAND STATE DEPARTMENT OF HEALTH

hours after and cor i. The law 12-or attending physician. has been signed by the attending plasse. requires that the death

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John D. Talbert, 1.9. yet. Adm. Hosp., Fort Lourd, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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a. COUNTY Bal	timore		MAR	YLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here decease	d lived. If instituti b. COUNTY		efore adm	ission)
RURAL and give n	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Life				c. CITY OR TOWN (IF		role limits, write R	RURAL ond give	nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		address)		d. STREET ADDRESS Winters L.		tended		ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	Fii Id		Middle Louis		Last Gross	4. DATE OF DEATH	Mor May	nth 1	Day	'ear
S. SEX		-	IED NEVER MARRI		B. DATE OF BIRTH	1	9. AGE (In years	IF UNDER 1 YE		
Female	Negro	WIDOWE		_	May 15, 1884		lost birthdoy) 77 yrs.	Months Day	-	1
during most of wor Domestic	king life, even if retired	done 10b. I	KIND OF BUSINESS (OR INDU	STRY 11. BIRTHPLACE (Stote Maryland	or foreign c	ountry)	12. CITIZEN	OF WHA	TCOUNTRY
13. FATHER'S NAME				-11-1-	14. MOTHER'S MAIDEN	NAME				
Corneli	us Gross				Annie Har	rris				
5. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17, 11	NFORMANT		Add	Iress		
(Yes, no, or unknown)	(If yes, give wor or dates of	service)		P.	achel A. Gros	e Win	ters Lane	e Exten	hah	
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gave rise to cause (o), stoting lying cause lost.	the <u>under-</u> DUE TO	c)			Arterio-scl				10 • I	S AUTOPS)
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Cause (o), stoting lying cause lost. PART II. OT 20c. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY Hour o. m. p. m. 21. 1 certify the sow the deced 22a. SIGNATURE	The under of the u	or 20d. In While of work	ONTRIBUTING TO DE ON S DIS CRIBE HOW INJURY OF AJURY OCCURRED Not white of work this 62, one	200. PL fo	OR CREMATORY NOT RELATED TO THE TERM TO VTS. 7 VTS. 8 ATTENDING ATTENDING PHYS. 7 VTS. 7 VTS. 7 VTS.	Part I or Pour m, 20f. (City c.) M, from MAED. 23d. LOCA	et II of item 18.) y ar tawn) May II the causes or	(Cour (Cour this 62, and on the de M on svil	that (I) that I le-2 (S	S AUTOPS FORMED? NO (State (State) (we) la ed obove 22b. DATE SIGNE

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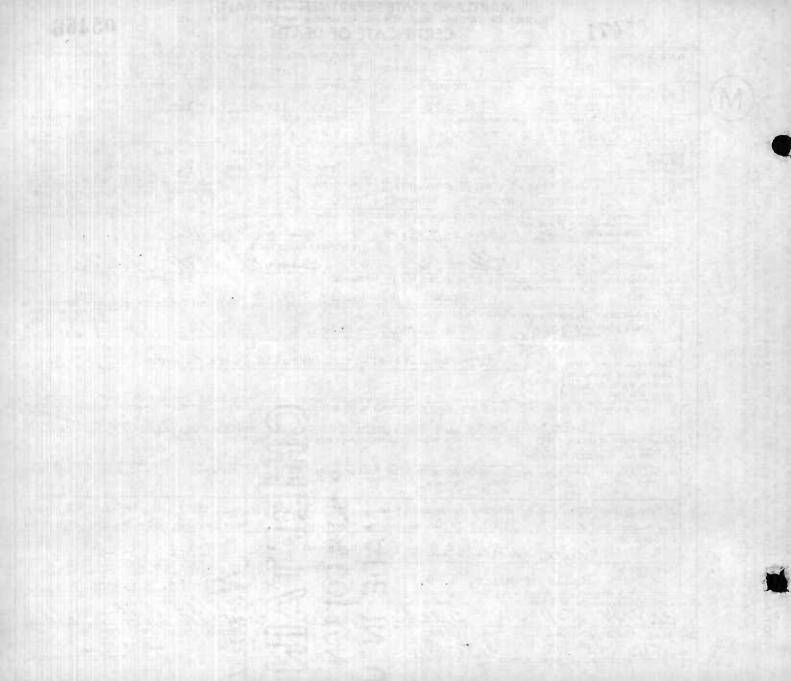
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05466

1	o. COUNTY	Baltimore	MARYLAND	o. STATE Mary	land	b. COUNTY -	lt imore
	RURAL ond give no	f outside corporate limits, write earest town) CONSVILLE	6 days	c. CITY OR TOWN (If or Randallst			give nearest town)
4	OR INSTITUTION	AL (If not in hospitol, give stre ROVE STATE H	eet oddress) OSPITAL	d. STREET ADDRESS Offutt Ro	ad		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Norman	Middle	Groves	4. DATE OF DEATH	Month May	Doy Yeor 8 1962
S.	sex male	1. 2 1	ARRIED NEVER MARRIED DIVORCED	1891 - aug	. 5 - 9. AC	t birthdoy) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10	during most of worl	king life, even if retired)	06. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State of	7/110	12.CI	TIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME Unlinewn	arburn ;	Groves	14. MOTHER'S MAIDEN N	0/11	the of	hipe
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Records: SPRIN	G GROVE	Address S TATE F	HOSPITAL
		ATH [Enter only one couse pe TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute coronal	ry occlusion			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if o gove rise to i couse (o), stating lying couse lost.	mmediate (Hypertensive a	arteriosc leroti	c Heart	disease	YEARS
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITION Left hemipl	egia due to 3	UT NOT RELATED TO THE TERMIN Cerebrovascular RED. (Enter noture of injury in P	acciden	ts since]	PERFORMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	W	d. INJURY OCCURRED 20e. nile Not while work ot work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.		own)	(County) (Stote)
	saw the decea		ended the deceased from	May 29.330			62, that (\$\$ (we) last he date stated above.
	22c. PHYSICIAN'S	Stella Wo			ED. RECTOR D PH	113. 🕒 -	8-62 22b. DATE SIGNED HOSPITAL
23	NAME (Type)	Stella Wachs	ler, M. D.	Ca	tonsvill	e 28. Mary	land
	READVAL (Specify)	5-11-62	wards	Chapel ,	ribuly,	Red Bull	lo, mid.
24	FUNERAL DIRECTOR	LATAKT _	Sukerville,	MA 250. REC'I	BY REGISTRAR	25b. REGISTRAR'S S	

DEUNERAL SYRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNERA TO HOSPI VR A1S (4) 1SM 9/59

after death. Page 4



	CERTIFICATE	OF DEATH ()	5467
	PLACE OF DEATH c. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before edmission lumber e
_	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) atonsville	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest town)
"/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) pringvGreye, Statend Hospital	254 S . Monastery Ave. Balto.2	9 e. IS RESIDENT
		Lest 4. DATE Mgnth OF DEATH	Dey Yeer 13 19 62
	Male White WIDOWED M DIVORCED	DATE OF BIRTH 1-20-77 9. AGE (In yeers If UNDER 1 Months If	YEAR IF UNDER 24 HR Deys Hours Min.
10a do	b. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) Baker		S.A
1/3.	John Bubequotis	14. MOTHER'S MAIDEN NAME Anna UNKNOWN	
15. UK	was deceased ever in u.s. armed forces? 16. social security no. 17. in the property of the pro	nformant Address spital Record	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure		ONSET AND DEATH
	Conditions, if eny, which geve rise to immediate cause DUE TO Conditions, if eny, which to the control of the	ensive gardiovascular disease	Undetermn
CATION	(a), stelling the underlying Substitution (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED
CERTIFICAL	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 18.)	YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (Stele)
1 2	21. I certify that (I) (this hospital) attended the deceased from		
WE	saw the deceased alive on Ma. y. 13, 1962 and that	dealli occured analymin, monthline courses and on t	
W	220. SIGNATURE Sertrule Plischen 22c. PHYSICIAN'S	ATTENDING MED. STAFF	22b. DAT
	220. SYGNATURE Sertuale J. Plischem. 22c. PHYSICIAN'S NAME (Type GERTRUDE J. FLE IS CHITA	D. ATTENDING MED. STAFF	5, 13 SIGN 4. Cotons

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Barried MASIGINEZ NEW COTHERROL CON BOLTE N/d. G. TRUMAN Schuab 35 AFRES HOC (29)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLA MEDICAL EXAMINER'S CERTIFICATE HFALTIL DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY build be executed within 24 hours after death. If any delay is necessary, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. Duriel-transit permit. File pages 1 and 2 with the State Board of Health, and and any event within 72 hours after feath. b. COUNTY MARYLAND Baltimore Maryland Baltimore Co Baltimore Co. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore and 17 u.d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 402 Meadow Road 402 Meadow Road NAME OF Middle DECEASED OF (Type or print) DEATH 19 62 EMMALENE NANCY HAHN 28. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. lest birthdey) Months Dec 10, 1920 WIDOWED [DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Bendix (onp. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addie ? harles Jegos Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (If yes give war or dates of service) Russell E. Hahn 402 Meadow Kd. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal infarction DUE TO (b) Thrombotic occlusion of abdominal aorta execute the certificate, writing the word "pending" Id be forwarded to the Chief Medical Examiner's CIERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO (a), steting the underlying cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? Arteriosclerotic cardiovascular disease X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. rage 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) While Not While fectory, street, office bldg., etc.) prior et work et work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection and in my opinion Inquiry death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED designat SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** HOWARD G. SHAUB, M. D. Addr 2b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22e. BURIAL, CREMATION, 22d, LOCATION (City, town, or country) REMOVAL (Specify) 940 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME arthur & Hours Monan 3000 SM 9/60 DATE JUN

RYLAND STATE DEPARTMENT OF HEALTH

entramark Durktman 11919, 1912 LEAR COLOR DE LA C A san Court of the sand of the TO HO! AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours afterward death.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph.

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCE	H AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
05474	H AND RECORDS, 301 W. PRESTON : CERTIFICATE OF DEATH	05469

1. PLACE OF DEATH				
e. COUNTY		e. STATE	CE (Where deceased lived, If institution: R b. COUNTY	lesidence before edmission)
BALTIMORE	MARYLAND	MARYI	AND	Himore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, write RURAL end	give neerest town)
FORT HOWARD	2 DAYS	X BALTI	MORE	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gi	iva street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION HOS	PITAL	50 WIN	TERS LANE	YES NO
NAME OF First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) JOSEPH	J.	HALL	DEATH MAY	20 19 62
6. COLOR OR RACE 7. MARRIEDY N	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
Male Negro WIDOWED	DIVORCED A	ugust 13, 18	7/10/1/118	Days Hours Min.
				ZEN OF WHAT COUNTRY
	e Family	Carroll C	ounty, Maryland U	.S.A.
3. FATHER'S NAME	Z Canal	14. MOTHER'S MAIDEN		
Julius Hall		Susan Nug	ent	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	L SECURITY NO. 17. IN		l Records, AMA Hospi	tal
Yes, no, or unkown) (Iffyes give war or detes of servica) 218-1	1 1	rt Howard, M		002
18. CAUSE OF DEATH [Enter only one cause per line for		20 11011011011		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, BRONCHOL	PNEUMINIA			3 DAYS
44914 XXXXX				3 21120
Conditions, if any, which	HEMORRHAGE	FROM ESOPHAC	GEAL VARICES	5 DAYS
gave rise to immediate ceuse				
(e), steting the underlying CIRRHOS	IS OF LIVER			6 YEARS
(c)		RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H	HOW INJURY OCCURED.	(Enter neture of injury in F	Pert I or Pert II of item 18.)	153 140 4E
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		CE OF INJURY (Home, ferm ry, street, office bldg., etc.		nly) (Stete)
21. I certify that (this hospital) attended th				2., that (4) (we) last
saw the deceased alive on May 20	.19.62 , and that	death occured and	200, Mrom the causes and on t	he date stated above
22e. SIGNATURE		ATTENDING M	AED. STAFF	22b. DATE SIGNED
gotele m. m. aa	м.г	attive D	AED. STAFF PHYS. 3	/20/62
JOSEPH M. MILLER,	M. D.	VAH FOR	T HOWARD MARYLAND	
	NAME OF CEMETERY O	R CREMATORY	23d. JOCATION (City, fown or county	(Stete),
REMOVAL (Specify) 5 93 12 B	altimore.	National	Baltimore	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
- 11 mal . a. (11 1111 a :	808 N. Mol	34.	AY 2 4 '62 3.	
111111111111111111111111111111111111111	200 11,11101	1 1 0 L JI DAIL	1 2.	/ WALLA

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ding ph	13.
Then Inoval, a	15. (Yes.
TO HOWERL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut. Ithin 24 hours after death, go 4 may be retained by the hospital or attending physician. Yet TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	MEDICAL CERTIFICATION
death. TO FU direct	23e.
VR A15 (4) 15M 7/61	24 H

	MARYLAND STATE DEPARTMENT OF HEALTH	
•	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	10
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	

1. PLACE OF DEATH o. COUNTY				stitution: Residence before edmission)				
Baltimore	a. STATE Maryland b. COUNTY							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Fort Howard	125 Days	Balt	imore	3 VOI 1				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?				
Veterans Administrati	on Hospital	1202	W. 40th Street	YES NO W				
NAME OF First DECEASED	Last	4. DATE Month	Day Yeer					
(Type or print) BRADLEY	D.	HALLEY	DEATH May	25 1962				
6. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED A B	. DATE OF BIRTH	9. AGE (In yeers					
Male White widowi		January 5,	1895 67 yrs.	Months Days Hours Min.				
Oa. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY				
done during most of working life, even if retired) Boiler Maker R	ailroad	Baltimore, Maryland (U. S. A.				
3. FATHER'S NAME		14. MOTHER'S MAIDEN						
Charles F. Halley		Mary Jan	e Brown					
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1		ical Records					
Yes WW I VA Hospital, Fort Howard, Maryland								
18. CAUSE OF DEATH linter only one cause per line for (a), (b), and (c).								
PART I. DEATH WAS CAUSED BY: RTT.ATH.RAT. PINHIMONTA								
// GADSE (e)								
470 X DUE TO								
Conditions, if any, which geve rise to immediate cause								
(e), stating the underlying DUE TO								
Cause last. (c)	STRIBLITING TO DEATH RUT NO	T DELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART I(=) 19 WAS ALITOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (BENTON PROSTATIC HYPERTROPHY. RIGHT PYELONEPHRITIS 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.) 300. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
BENIGN PROSTATIC HYPERTROPHY. RIGHT PYELONEPHRITIS 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.)								
20e. ACCIDENT WAS UNDERLYING [] 20b. DES	CKIBE HOW INJURY OCCURED	, (Enter nature of injury in	Perri or Perril or Hem 15.)					
	NIVINY OCCUPATED : CO. DIA	Cr Or INITIAN (II	1.00/(63)	(Caucha) (Shata)				
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Power of the control of the contro								
			1					
21. I certify that (1) (this hospital) atten	ded the deceesed from.			, 1902, that (F) (we) la				
saw the deceased live on May 25	1992, and thet	death occured at		nd on the date stated above				
22e. SIGNATURE	Λ	ATTENDING	MED. STAFF	22b. DATE				
1 June &	V M	.D. PHYS.	DIRECTOR PHYS.	5/25/62				
22c. PHYSICIAN'S NAME (Type) CODA COUTAN DICCO	N D	22d. ADDRESS	TIOLIADD MADVI	ANTO				
SEBASTIAN RUSSO), M. D.	VAH FOR	HOWARD, MARYLA	מוח				
30. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	n or county) (State)				
REMOVAL (Specify) Burial 5-28-62	Balto. Nat!	1.	Balto.	Md.				
	ADDRESS	25a. RE	C'D BY REGISTRAR 256, REGI					

1 1 4 5 1 A STATE OF THE RESIDENCE OF THE STATE OF THE LANCE OF THE PROPERTY OF THE P BERTHER RESERVED BUTTER & SACTO "M. . Jenkida to lone "Oc. of Took Billing . ". N 24 hours after

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
	X	05477 CERTIFICATE OF DEATH	05472
£ 21	Λ	1. PLACE OF DEATH 1. PLACE OF DEATH 2 F11m 0312. USOAL RESIDENCE (Where decessed lived, If Institu	tion: Residence before edmission
ours a	>	a. COUNTY Balto. MARYLAND a. STATE ML. b. COUNTY	BUS MATE.
h the		b. CITY OR TOWN (if outside corporate limits, write RUR write RURAL and give neerest town) c. CITY OR TOWN (If outside corporate limits, write RUR	AL end give nearest town)
24 in b	GA		18 3 VOI. 4
thin filled Pages urs aft	10	d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street address) Maryland Masonic Itema 4 phily may 1300 W4	Ave ON A FARM? YES NO-V
ers.		3. NAME OF First Middle Last 4. DATE Month	Dev Yeer
xecute pape in 72	F	(Type or print) Mary Alberta Harrison DEATH May	31 1962
9 5 5 5	1)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. NEVER	
and and carl		WIDOWED DIVORCED Aug. 20, 18/18 83 yrs.	nths Deys Hours Min.
icat cian ove ever		done during most of working life, even if retired)	2. CITIZEN OF WHAT COUNTRY
em em	7 11	None - Bul to City, Md.	451.
h c		13. FATHER'S NAME	
ding ding olea nd i		Albert WHarrison Many Mcnein	
e d		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	1. 3
t the at The The		(Yes, no, or unknown) (If yes give wer or detes of service) — Macun is Home Records - Cou	kencville M.
that the	= 3.4	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).)	INTERVAL BETWEEN
icia icia by by		PART I. DEATH WAS CAUSED BY: Antuio 50/200 tie Candio ruscular	ONSET AND DEATH
squined ned sit p			
sig p		Conditions, if any, which	V
landin een al-trem		geve rise to immediate cause	
The start of		(e), steting the underlying DUE TO	
he he uris	^	cause last. (c)	L DADT 1/-1/10 WAS ALITORSY
IAN tal cate cate ss th	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
Se		15v on ohr green mini à	YES NO
physical his cell for u		De accident was underlying 206. Describe How injury occured. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Ulf Either, Notify Medical examiner	
er the		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stete)
Aft Aft of F		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, P.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) fectory, street, office bldg., etc.)	
Pe de de		21. I certify that (I) (this hospital) attended the deceased from Oct. 194 to May	19 (a. 2 that (1) (ma) la
ATT be re CCTC uld b		saw the deceased alive on	
Sta Sta		22e SIGNATURE	22b. DATE
14 To e		M.D. PHYS. DIRECTOR PHYS.	3/21/62
ERA with	1	22c. PHYSICIANS Elizabeth B. Shenn: 11 MD 22d. ADDRESS Cockerprelle May	
HOS ath. FUN ector filed	1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	county) (Stete)
dire F	Wa	BURIAL (Specify) 5-24-62 Woodlawn Cemetery Woodlawn, Mar	yland
HH	P.	24 FINISPAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTR	
VR A15 (4) 15M 9/60		Jum Cook The 1217 St Paul Street Baltimore 2	a S. Kraus
		Total La Vice Clatter	T. A. linaus

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Lifetime Garrison, Maryland Garrison d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Y Garrison, Maryland 3. NAME OF Middle 4. DATE Dey Last Month DECEASED OF (Type or print) DEATH 19 62 Elizabeth Harrison Mav AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Deys Hours DIVORCED WIDOWED T 1885 Female 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland

14. MOTHER'S MAIDEN NAME U.S.A. Housewife own home 13. FATHER'S NAME Horace W. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Jane Mary Ward 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service) requires that No None 220-30-4966Mr. David R.W. Harrison, Garrison, Maryland B. Cause of Death Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CATION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work D.M. to. Mars 26 162, that (1) (400) last 21. i certify that (I) (this hospital) attended the deceased from......., 1.5 May 1962, and that death occured at 2.3M, from the cases and on the date stated above saw the deceased alive on..... 22e. SIGNATURE SIGNE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 St. Thomas Garrison Forrest, Md. Cemetery 750. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 1SM 7/61 DATE

death

ARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE Item 23b, Film 323 10/2/62 11b 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Marvland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Owings Mills Baltimore yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosewood State Training School 522 West Lanavale St. YES NO S papers. completely NAME OF 4. DATE DECEASED OF (Type or print) DEATH HAYNTE Allen 19 62 Joseph 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | last birthday) and Months Days Hours WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Baltimore City. Md. dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Haynie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ellen Dav Address (Yes, no, or unkown) | (If yes give we ror detes of service) Rosewood Records. Owings Mills, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO -208. ACCIDINT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HE EITHER, NOTIFY MEDICAL EXAMINER) V 20b. DESCRIBE HOW INJURY OCCURED. Anter nature of injury in Pert I or Pert II of item 18 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour a.m. While Not While et work et work 21. I certify that (1) (this hospital) attended the deceased from 10/1 1956, to 5/31 1962 that (1) (we) last 31..........19..62., and that death occured at 4:15, promethe causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAL 22d. ADDRESS 23d. LOCATION (City 23a, BURIAL, CREMATION, 38. DATE THEREOF +23c. NAME OF CHMETERY OR CHEMATORY MOVAL (Specify) 등 0 24 FUNERAL DIRECTORS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Krous 1SM 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If Institution, Residence before admission) e. COUNTY b. COUNTY Baltimore Mary land MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL end give nearest town) days Balthmore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAT. YES NO 3520 Hilton Road 3. NAME OF 4. DATE Middle Month Dev Year DECEASED OF (Type or print) DEATH Mav 19 62 Henroid Lorraine 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF LINDER 24 HRS lest birthday) Months Hours 1896 WIDOWED X DIVORCED T female 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) HOME (RotIRED U. S. housewife Mary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Records: SPRING GROVE STATE unknown unknown 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(#) 19. WAS AUTOPSY PERFORMED? Pneumonia NO T 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While MEDI Hour e.m. et work et work p.m. May 21 , 19.62 that (9) (we) last 21. I certify that (It (this hospital) attended the deceased from April 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS GROVE NAME (Type) Stella Wachsler, M. D. Gatonsville 28. Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE 250. RECID BY REGISTRAR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a. COUNTY Page a. STATE b. COUNTY director. Page Baltimore Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neeres! lown) write RURAL and give nearest town) 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1813 Hanford Residence State E YES NO NAME OF First Middla Last 4. DATE Month Day DECEASED OF (Type or print) 19 62 HERMAN LEROY HESS DEATH May with 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Page 5 may is 1 and 2 wij last birthday) Months male white WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) stimator pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give trank Hess File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas give war or datas of service) Bernice 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary arteriosclerotic heart disease with IMMEDIATE CAUSE (a) marked pulmonary and visceral congestion and Office DUF TO Conditions, if eny, which pulmonary edema (b) "pending" gave rise to Immediata cause 9 10 DUE TO (a), slating the undarlying Examiner as cause last. used ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 8 cremat the word Medical YES XX NOSEY should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL EXAMINER: Chief the Chie 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (Clly or lown) (County) (State) 0 factory, street, office bldg., alc.) While Not While Hour a.m. prior et work at work Partia forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER cute the ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designat DEPUTY MEDICAL EXAMINER May 8. 1962 Rudiger Breitenecker, M.D. NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 240 g ourial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 1 0 '62 Circling S. Thomas

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18

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TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, thin 24 hours after		FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	plnou	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Many 1962, and that	Much 27 196 to May 25 196 death occured a 196, from the causes and on the	a That (I) (we) la he date stated abov
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1	BUNIAL CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY SHOWAL (Specify) 5/28/LY CALL	ing Brooklyn	- mix
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 150	SIGNATURE .

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOS death. TO FUN director	0	238	ABURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City) from a county of the	d. M.d.
VR A15 (4) 15M 9/60	Dr.	X	Jacob Hartenstein New Freedom, Tar DATE AUN 462	Thank

* Hory Hilling whend Trindalk as mid Constitution of the state of th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremotian, or remayol, and in any event within 72 hours ofter death. after death. Page-4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and by the haspital or attending physician.

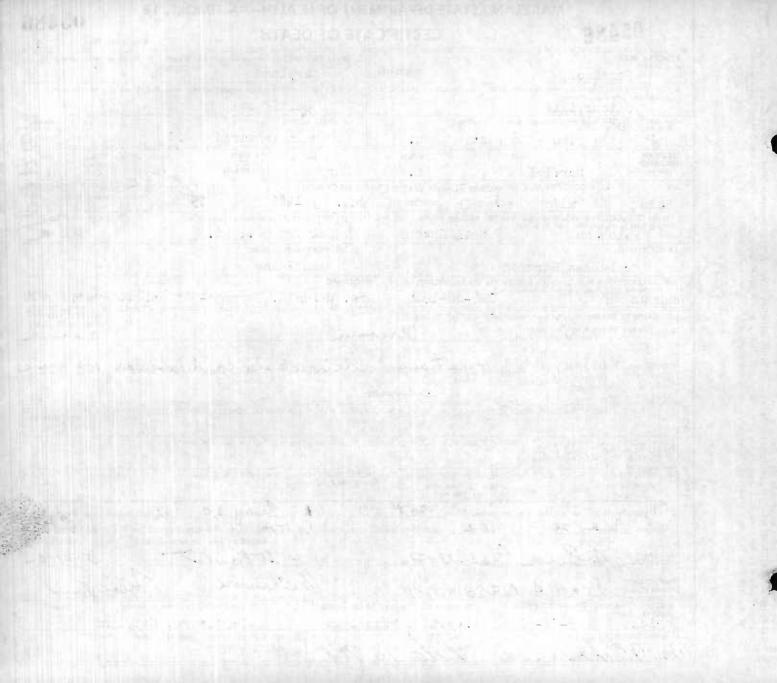
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05480

Certain & Thomas

1	0548	36		CERTIFIC	ATE OF DEAT	TH		Reg. Di		1134	4811
	PLACE OF DEATH o. COUNTY Balt	imore		MARYLAND	2. USUAL RESIDENCE (o. STATE Maryl.		d lived. If instituti b. COUNTY		ice befor	e odmiss	ion)
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Н	OR INSTITUTION	AL (If not in hospitol, see Pines- 1			d. STREET ADDRESS	t Avenu	e #29				FARM?
=	NAME OF	Fi		Middle	Lost	4. DATE	Mon	nth	Da		Yeor
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5.	SEX	6. COLOR OR RACE	7. MARE	RIED A NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		* *
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100	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Sto	ate or foreign c	auntry)	12.CIT	IZEN OF	WHAT	COUNTRY
	Sales	sing life, even if retired IMAN	F	Real Estate	Calvert	Co., M	d.			USA	
13.	FATHER'S NAME				14. MOTHER'S MAIDER	NAME					
	Mc Le	llan Horsm	on		Ann Yo	ung					
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT		Add	ress	-		
	nknown	(If yes, give war or dates of s	21	8-28-1814	Mrs. Helen E	. Horsm	on-910 Wa	alnut	Ave	nue	#29
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	21. I certify the alive an	at I attended the	deceas , 198 	ed fram Ost 1	D , 19 1 ta h occurred at 11.32 M.D. /// 8	M, fram		nd an th		state	
220	BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEMETERY Lorraine Mau			TION (City, town,	or county) Maryl	and	(Sto	te)
23.	funeral director	S SIGNATURE	ne ne	ADDRESS /	24o. R	EC'D BY REGIS	2	ISTRAR'S SI			

TO HOSPI VS A15 (4) 15M 9/58



TO HOLFAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after a death. 38 4 may be retained by the hospital or attending physician.

> TO PINNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

	PLACE OF DEATH	Н			2. USUAL RE	2.7	(Where dec	eesed lived, If		idence before	e d mi
		□altimo	re	MARYLAN		Md		b. coo.	n pa	alto	
	b. CITY OR TOWN ((if outside corporate limi d give nearest town)	ts,	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If or	utside corpor	ate limits, write	e RURAL end g	ive neerest to	wn)
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- 11			if not in hos	pital, give street address)	d. STREET A					e. 15	RESID
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	NAME OF	First		Middle	Last	4.	DATE	Month	h I		er
	DECEASED (Type or print)	Willi	am	Н	Howell		OF DEATH	5		30 1	62
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13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA					
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				SOCIAL SECURITY NO.	7. INFORMANT			Address		- T) -	
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MARYLAND STATE DEPARTMENT OF HEALTH

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UNERA for, page	1		22c. PHYSICIAN'S NAME (Type	Of the	MCELI	FATRICK, M	DOM	VAH, I	FORT HOWAR	D, MARY	LAND		
ath Till and		23a	BURIAL, CREMATEMOVAL (Specify	NON, 236. DATE THIRE	OF	23c. NAME OF				ON (City, town		(5	itate)
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VR A15 (4)	1	24	FUNERAL DIRECTO	R'S SIGNATURE	12 A	ADDRESS	21		REC'D BY REGISTRA		arthur S.		
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MARYLAND STATE DEPARTMENT OF HEALTH

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	2 05490 CERTIFIC	CATE OF DEATH 110484
B	altimore Maryla	
C.	atonsville 9 YRS	X CATINSVILLE
6	158 Regent Park Rd.	6158 REGENT PK. RD. YES NOW
-	DECEASED (Type or print) Charles Hush	Last 4. DATE Month Day Year OF DEATH May 1/62 19
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH FEB. 23, 1886 9. AGE (In years If UNDER 1 YEAR If UNDER 24 HRS.
	pa during most of working life, even if retired)	11-
13.		14. MOTHER'S MAIDEN NAME
		MRS ROBERT CI MOTTIFE MAD
	18. CAUSE OF DEATH Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	16/3 8 TEGENT PAT. RD. INTERVAL BETWEEN ONSET AND DEATH
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	gava rise to immediate cause (a), staling the undarlying DUE TO	
TION	(6)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
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	B. C. G. 3. 5. 10aa 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address of the property of

thin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

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RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 05491 RTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission PLACE OF DEATH o. COUNTY 3 map 12 MARYLAND b. CITY OR TOWN (If autside corparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate Limits, write RURAL and give nearest town) RURAL and give nearest town) winglow shauld Catonsville d. NAME OF HOSPITAL (If not in hospital, give street paddies) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION NUO, TEY N, State Hospita YES NO NO puo NAME OF Middle 4. DATE Year DECEASED 20199 (Type or print) 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) Months Haurs 2 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) MECHINIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME YYIQIAANR. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? e a mouna YES NO 20g. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a.m. While Nat while at work at work p. m. 21. I certify that (I) (this haspital) attended the deceased from 4-21 5-20 1962, that (1) (we) last , and that death accurred at LAM, fram the causes and an the date stated above saw the deceased alive an 5-20 22o. SIGNATURE 20-62 SIGNED ATTENDING M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS * should NAME (Type) 23a, BURIAL CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR MAY 2 3 '62 DATE arthur & Thous 15M 9/59

STATE DEPARTMENT OF HEALTH

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0	death. 39 4 may be retained by the hospital or attending physician.		Deficiency by the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	18	6
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TO HOLD ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	36 4 may be retained by the hospital or attending physician.	I TO FUNEMAL DIRECTOR: Arrief mis centined has been visited an element of the compression media under a director and compression media up in elument. A director are a compression media under a director are a compression media under a director are a compression media under a director area.	Wit-		1
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DIVISION OF STATISTI	MARYLAND STATE DEPARTMENT OF HEALTH	É 1. MARYLAND
05492	CERTIFICATE OF DEATH	05481
AR OR BRIDE		

1	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where daceased lived, if institution: R	esidence before admission)
4	Baltimore	MARYLANI	a. STATE B. COUNTY	
ŀ	b. CITY OR TOWN (if outside corporate limit			giva nearast town)
	write RURAL and give nearest town) Fort Howard	3 days	Baltimore	21/11/4
1	d. NAME OF HOSPITAL OR INSTITUTION (d. STREET ADDRESS	a. IS RESIDENCE
	Veterans Adminis	tration Hospital	935 Bevan Street	YES NO XX
	3. NAME OF First DECEASED	Middle	Last 4. DATE Month OF	Day Yeer
	(Type or print) GUY	W.	JACKSON DEATH May	3 19 62
	5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1	
	Male Negro	WIDOWED DIVORCED	August 8, 1887 74 yrs.	Deys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	(10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
1	Sexton	Church	Farquare Co. Va. U	.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Littleton Jackson		Lucy F. Furgeson	
1	15. WAS DECEASED EVER IN U.S. ARMED FOR		". INFORMANT Clinical Records, VA Hosp	1+07
	Yes (If yes give wer or detes of se	216-07-6702	Fort Howard, Maryland	I Gai
	18. CAUSE OF DEATH [Enter only one		roro noward, maryrand	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	PEPTTC HICER LE	SSER CURVATURE OF STOMACH	ONSET AND DEATH
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	(a), stating the underlying DUE TO			
П	cause last. (c)		NAME AND ADDRESS OF THE PARTY O	4/ 1/ 40 1//45 11/70004
	PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
	<u>Z</u>			YESTE NO
	PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury in Pert I or Pert II of item 1B.)	
	20c. TIME OF INJURY Month, Dey, Yee Hour e.m. 19	While Not While	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Courfectory, street, office bldg., etc.)	nty) (Stete)
		et work at work	Anni 1 20 60 Mars 3 6	7) 3/
	21. I certify that (1) (this hospit	tal) attended the deceased fro	m April 30 , 1962, to May 3 , 196	2, that (t) (we) last
	saw the deceased alive on Mi	ay 3 19.02, and t	hat death occured at 500, from the causes and on t	he date stated above.
	22e. SIGNATURE	My	M.D. PHYS. DIRECTOR PHYS.	/3/62 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) SEBASTITAN	RUSSO, M. D.	22d. ADDRESS VAH, FORT HOWARD, MARYLAND	
	23a. BURIAL, CREMATION, 23b. DATE THER REMOVAL (Specify)) (Stete)
	Burial 5-7-62		National Ct Baltimore, City	
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
1	Jesioun of	108 W.Mont	tgomery Str MAY 7 '62 Cuthun	3, 7000000.
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FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS 05494 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	ARILAND.
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Re	asidence before admission)
Page illes.	Baltimore Co MARYLAND b. CITY OR TOWN if outside corporate limits. c. LENGTH OF STAY IN 16	a. STATE Md. Baltimo	
a necessity	writa RURAL and give naarest town)	V	give nearest town)
for ye is a	Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore 1 d. STREET ADDRESS	e. IS RESIDENCE
lay be ad fe	7844 Lockwood Rd.	7844 Lockwood Rd.	YES NO
fun faine Stat Stat eath	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
the the	(Type or print) MONROE JACKS		31 19 62:
eath 3 to 3 to	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER I) last birthday) Months D	YEAR IF UNDER 24 HRS.
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ter in a series	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	6	INTERVAL BETWEEN ONSET AND DEATH
exe indi isnsi indi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Veclusins	
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MINE Chief Chief 3 age 3 o buri	2Dc. TIME OF INJURY Month, Dey, Yeer 20d. HJURY OCCURRED 20e PL Hour a.m. 19 at work at work	ACC OF INJURY (Home, farm, 20f. (City or town) (Counctory, streat, office bldg., atc.)	nty) (State)
XAI we, we he or to			
Di Gate	21. I certify that I took charge of the remains described above, h		and in my opinion
CA ded ded ded ded ded ded ded ded ded de	death resulted from: Natural causes . Accident . Sui	cide, Homicide, Undetermined manner	
MEDI forwar L DIR	ACTUAL STORMS	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	/ DATE SIGNED
T. M. Santa	SIGNATURE V	DEPUTY MEDICAL EXAMINER D	1///
DEN T ME has execute the should be forver the strong the strong its designated	EXAMINER'S NAME (Typa)	Addrass (Streat, city, town, or county)	162
Should FUN	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C		(State)
0 g 4 0 g	Burial 6/4/1962 Holy Rosary	y Cemetery Baltimore Co. M	d.
VS. A15ME	John M. Weber & Sons Incorress	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNUM 4 '62 Cuthung S.	
5M 7/59	401 S. Chester St.	DATE .	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

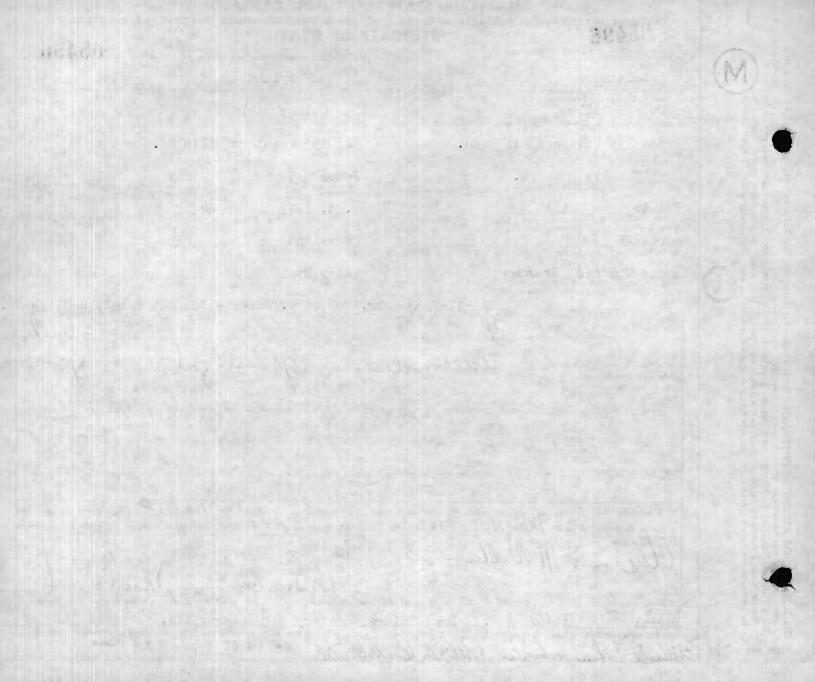
CERTIFICATE OF DEATH

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	1. PLACE OF DEATH o. COUNTY	Baltimore	2	MARYLAND	o. STATE	ICE (Where deceased live lary land	ed. If Institution: Resi b. COUNTY	dence before odmission) Baltimore
)	RURAL ond give	(If outside corporate liminaries town) OWSON	ts, write c. LEN	OTH OF STAY IN 16	1 7	VN (If outside corporate	limits, write RURAL or	nd give nearest town)
	d. NAME OF HOSP OR INSTITUTION		ive street oddress)	Road	d. STREET ADD 8610	ress Drumwood	Road	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Mr. Pau	L T	Middle	Johnson	4. DATE OF DEATH	Month	77 Day Year 19 62
	5. SEX male	6. COLOR OR RACE	WIDOWED	DIVORCED [gan. 19,	1881	ou birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	during most of wo	TON (Give kind of work orking life, even if retired	done 10b. KIND O	F BUSINESS OR IND	Balt	imore, Ma	1 1	CITIZEN OF WHAT COUNTRY?
1	Thomas	Johnson			Selma	Winzer		
	15. WAS DECEASED EV (Yes, no, or unknown)	YER IN U. S. ARMED FOR (If yes, give war or dates of s		15691 17.	Mrs. Goe	erge Schro	eder	same
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	ZOc. TIME OF INJU Hour o. m.	. 10	While _ No	CCURRED 20e. F	LACE OF INJURY (Honoclory, street, office bl	ne, form, 20f. (City or dg., etc.)	town)	(County) (Stote)
	21. I certify to alive an	that y attended the	deceased from			40 PM, from the		I last saw the deceased the date stated above DATE SIGNED 5/1/1/6
	220. BURIAL, CREMATI REMOVAL (Specif BURL OL 23. FUNERAL DIRECTO	" 5/14	62 M	AME OF CEMETERY ORE/AI ODRESS	vd Mei	22d. LOCATION BA	City, town, or count LT 1 111 0 24b. REGISTRAR'S	Re Md
	Leonard	J. Ruck	5305 Ha	roord Ro	ad #14 o	ATELIAY 1 5 '62	authur d	P. Kraus

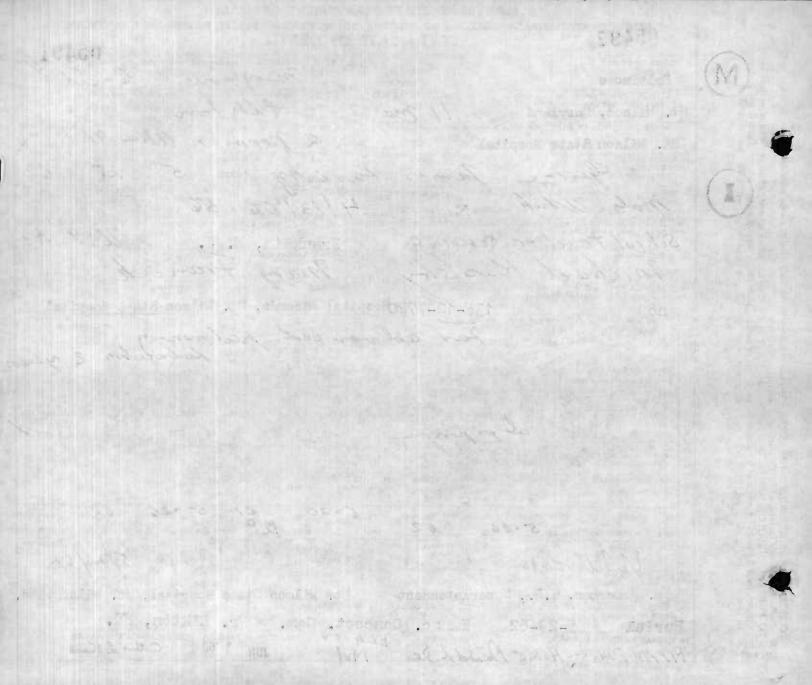
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Resident e. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) Owings Mills Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Box 195 Painters Mills Rd. 195 Painters Mills completely 3. NAME OF 4. DATE Middle Month Day Year DECEASED OF DEATH (Type or print) Ella 19 Jones May and col 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthdey) Months Hours Min. Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland e attending ph Then please roval, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME law requires that the death homas Channer Abby Dye 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mr. Robert C. Jones - Box 195 Painters Mills 13-32-7968 ig physician. 18. CAUSE OF DEATH [Enter only one ceus per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CATION PERFORMED? 8 0 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH : After MEDICAL 20e. PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 19(25, that (I) (wa) last 21. I certify that (I) (this hospital) attended the deceased from... 19.62, and that death occured at 45 M, from the causes and on the date stated above. saw the deceased alive on. J. L. Care 22b. DATE 221 SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d./ ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or count 23c. NAME OF CEMETERY OR CREMATORY (Stete 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 品等の時間 Pikesville. Maryland Ridge Cemetery Buria 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Thank 15M 9/60



1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
urs affer e funeral	M	1.	PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before comission) e. STATE Mary land b. COUNTY Cell
1 24 hours I in by the stand its I and its	1 2	M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) It. Wilson, Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
etely filled pers. Page 2 hours at	0 00		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) At. Wilson State Hospital NAME OF First Middle Middl
xecute omplet	7		OF CEASED George James Kasisky DEATH 5 26 1962
and conditions with			SEX Male 6. COLORGR RACE 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Hours Min.
certifica hysiciar remove		do	School Teacher Franklin, N. J. 12. CITIZEN OF WHAT COUNTRY To BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? School Teacher Franklin, N. J. 21. 9. 4.
death ding p			michael Kasisky Many Francek
at the attern Then Then		15. (Ye	was deceased ever in u.s. armed forces? 16. Social security No. 17. Informant (Ifyesgiva war or detes of service) 135-12-7720 Hospital Records, Mt. Wilson State Hospital
uires th /sician. ed by th permit.			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) A CAUSED OF DEATH [Enter only one ceuse per Ina for (a) r (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) A CAUSED OF DEATH [Enter only one ceuse per Ina for (a) r (b), end (c).]
aw requing phone signed fransitement			PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) OO2, / DUE TO Conditions, if any, which (b)
The I attend has bee burial			geve rise to immediate cause (a), stating the underlying DUE TO cause lest. (c)
Spital or tificate as the pur to bu	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
PHYS the ho this cer for us			20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
TDING ined by After detached		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) (State) (Stat
ATTER be retailed SCTOR uld be		1	21. I certify that (I) (this hospital) attended the deceased from 6 - 30, 1967, to 5 - 26, 1967, that (I) (we) last saw the deceased alive on 5 - 26, and that death occurred at 27 M, from the causes and on the date stated above.
IL OR 4 may L DIRI			226. SIGNATURE ATTENDING MED. STAFF SIGNED M.D. DIRECTOR PHYS. 5/26/62
HOSF FUNERAL ector, page filed with	1		22c. PHISICIAN'S 22d. ADDRESS /
death. Go FUN. director, be filed			REMOVAL (Specify) Burial (Specify) 5-29-62 Tmmac, Concept, Cem. Nr. Elkton, Md.
VR A15 (4) 15M 9/60	St	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS EL4 FON 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ON PINI FUNERAL HOME - Double De 14 Date JUN 1 62 Onthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



15M 9/60

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) a. IS RESIDENCE ON A FARM? Cas YES NO 4. DATE OF DEATH Mar 1962 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Steta) factory, street, office bldg., atc.) 21. I certify that (I) (this hospital) attended the deceased from......., 22b. DATE SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 4 East 33rd Street, Baltimore 18, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 7725 Eastern Avenue Oak Lawn Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE aritury S. Thomas Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2

SULUIF Congression of the same of the same of the same 17 Need man Frank SIANOE ST States 39 north · Bughand. House la wife deerge Partin Rennie Ein Busy E. Hamman The second secon THE CONTROL OF THE PROPERTY OF

M A Shell	a	PLACE OF DEATH . COUNTY Balti c. CITY OF THE PLACE OF	more	ilts, c	MARYLAND LENGTH OF STAY IN 1b	a. STATE	TO DESCRIPTION	eceased lived, If in b. COUNT	Υ	ive nearest town)
s. Pages 1 a hours after d		atonsvil NAME OF HOSPIT	AL OR INSTITUTION	(if not in hospita	l, give street address)	Roano d. STREET ADDI		g W	83	e. IS RESIDENCE ON A FARM?
n papers. hin 72 ho	3. 1	NAME OF DECEASED (Type or print)	Zetta	D.	Middle K idd	Last	4. DATE OF DEATH	11100	1968	
e carbo	100	emale	White	WIDOWED		July 11,	1891	70 yrs.	Months Day	
any ev	Ħ,	FATHER'S NAME	king life, even if retir	od) Own	Home	Virgin	ia	5		.A.
I a g		Whorle	R IN U.S. ARMED FO	RCES? 16, 50	CIAL SECURITY NO. 17.	Unknow	n	Address		
it. Then smoval, a	(Yes		yesgivawarordatesof	service	Mrs.	James I	Moore	,14 Sem	inole	Ave.Cat.
on, or r		PART I. DEATH	I WAS CAUSED 8Y: MMEDIATE CAUSE (a	Bron	^	umone	-			ONSET AND DEATH
remati		Conditions, if eny,	which) (b	Conse	erzel, met	•				Du locale
_		gave rise to immedia	ite cause			·	. 0 (7		,
the bur burial, o	NO	(e), steting the un cause last.	derlying DUE TO	Out (Care Care BUTING TO DEATH BUT NO	OT RELATED TO THE TI	A RP &	eury CONDITION GIVE		GMUS B) 19. WAS AUTOPSY
r use as the bur prior to burial, o	TIFICATION	(e), steting the uncause last, PART II. OTHER 20a, ACCIDENT WA	ote cause derlying DUE TO (c SIGNIFICANT COND	Oest (BELL CUTE BUTING TO DEATH BUT NO BE HOW INJURY OCCURE					9 mos
thed for use as the bur. Health prior to burial, o	CERT	(e), steting the uncause last. PART II. OTHER 20a. ACCIDENT WAOR CONTRIBUTING	SIGNIFICANT COND AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	Oct (ITIONS CONTRI 206. DESCRI	BE HOW INJURY OCCURED). (Enter neture of injus	y in Part I or Part I			19. WAS AUTOPSY PERFORMED? YES NO
e defached for use as the buript, of Health prior to burial, o	MEDICAL	PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) Hour a.m. p.m.	DUE TO (c SIGNIFICANT COND AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER (XY Month, Dey, Y)	20b. DESCRI	BE HOW INJURY OCCURED JRY OCCURRED 20e. PLA Not While fac at work	CE OF INJURY (Homeolory, street, office bldg	y in Part I or Part I , farm, 20f. (Cit., etc.)	I of item 18.) y or town)	N IN PART 1(a	Y NWS 19. WAS AUTOPSY PERFORMED? YES NO (Stete)
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director, page 3 should be defached for use as the burber be filed with the State Dept. of Health prior to burial,	WEDICAL 23a.	(e), steting the uncause last. PART II. OTHER 20a. ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUE Hour a.m. p.m. 21. I certify the saw the decease 22a. SIGNATURE LOCAL	SIGNIFICANT COND AS UNDERLYING DE CAUSE OF DEATH MEDICAL EXAMINER AND MONTH, Dey, Y. 19 10 11 12 13 14 15 16 17 18 18 19 19 10 10 10 11 11 11 12 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18	20b. DESCRI 20b. DESCRI 20d. INJU While at work ital) attended 401. — 2 bee REOF 22.	JRY OCCURRED 200. PL/ Not While at work 19	CE OF INJURY (Home lory, street, office bldg death occured and anti-physical and physical and p	y in Part I or Part I farm, 20f. (Cit , etc.) 1901, to at 1500, fron MED. DIRECTOR [23d. LOCE P1ke	y or town) Y or town) The causes a	(County) Both nor county) 8, Md	Stete) 19. WAS AUTOPSY PERFORMED? YES NO (Stete) 19. (Stete)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission I director. Page or your files. a. COUNTY. b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearest town) Mt. Wilson 395 days Baltimore 1 6/ Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Pol ON A FARM? 3 to the funeral YES NO retained Wilson State Hospital State North Bethel death. 3. NAME OF Middla DECEASED OF the DEATH (Type or print) age 5 may be re 1 and 2 with the 72 hours after of David King AGE (In years | IF UNDER 1 YEAR 19 62 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED B. DATE OF BIRTH last birthday) Months Hours and thin 24 hours after d Give Pages 1, 2, and orm PM3. Page 5 m WIDOWED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Laborer pages 1 within North Caroline U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William King

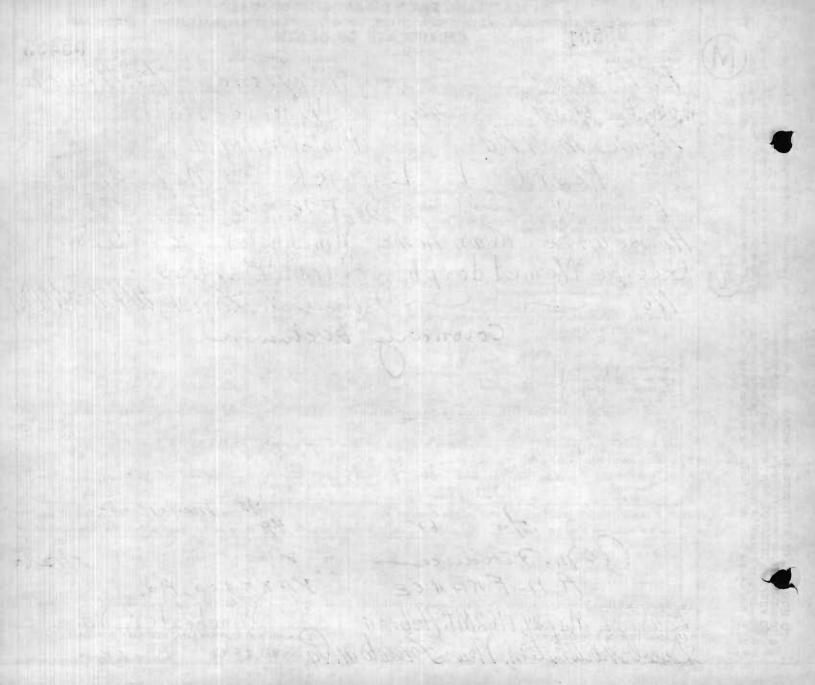
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Martha King (Yas, no. or unkown) | (Ifyasgive war or dates of servica) No 217-05-3167 Hospital Records, Mt. Wilson State Hosp.

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] MEDICAL EXAMINER: This certificate should be executed r's Office along vs a burial-transit premoval, and in QNSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Hemorrhage, surgical minutes IMMEDIATE CAUSE (a) DUE TO Conditions, it any, which Uncontrolled hemorrhage during surgery "pending" gava rise to immadiata causa DUE TO (a), stating the underlying Examiner Pulmonary Tuberculosis cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? 8 the certificate, writing the word NO X Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief I Hemorrhage complicating surgical procedure Month, Day, Yaar (Stata) factory, street, offica bldg., atc.) Whila at work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion forwarded t Accident X Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER designated DATE SIGNED ASSISTANT MEDICAL EXAMINER lease execute should be for FUNERAL 5/21/62 DEPUTY MEDICAL EXAMINER D.D. Caples, M.D. Addrass (Straat, city, town, or county) Reisterstown. Md. DEPU NAME (Typa) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) Q40 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Circling S. Thomas 5M 9/60

AND STATE DEPARTMENT OF HEALTH

BUSE W 1817 LT-1 ACALEM. JE Inch Carrente bonish (8) desate it is a stady 4561 Also be at a consider of the contract of the c The monory idearrange, sawret and albeitsemde gmadener · No. (IN DESTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institutions Residence before admissi b. COUNT by the and 2 death. MARYLAND by th TOR TOWN (if outside corporata limits, rita RURAL and give pagest town) c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in hours after Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE STREET ADDRESS ON A FARM? YES NO completely NAME OF Middla Month Day Year DECEASED OF (Typa or print) DEATH 19 and cor withi 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED DE NEVER MARRIED Last birthday) Months Days Hours Min. WIDOWED DIVORCED physician remove USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) 13. FATHER'S NAME Then please MOTHER'S MAIDEN NA d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. N. INFORMANT Address (Yas, ngfjor/unkown) | (Ifyesgiva war or dates of sarvica) fan. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiata cause DUE TO (a), stating tha underlying atte causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO CERTIFIC 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, Month, Day, Yaar 2Df. (City or town) (County) (Stata) factory, straet, offica bldg., atc.) Not Whila Hour a.m. While at work at work n.m 19/-21. I certify that (I) (this hospital) attended the deceased from...... to / ? 2 | 19 , that (1) (we) last , and that death occured a..................................., from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE ector, filed v LOCATION (City, town or county) DATE THEREOF 230 BURIAL, CREMATION, 23b. NAME, OF CEMETERY OR CREMATORY (Stata) EMOVAL (Spacify) OH 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 5 Orihur S. Kraus



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give neerest town) your ō VIS be retained for your the State Board 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ould be executed within 24 hours after death. If any cap in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for ON A FARM? Brightside Avenue YES NO Brightside Avenue NAME OF Middle 4. DATE Year DECEASED OF age 5 may be re 1 and 2 with the 72 hours after of (Type or print) DEATH 19 May 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machinist pages 1 within Airreduction Sales Harford Co Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 Heinreich Lettow Katherine Weil Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes_no, or unkown) | (If yes give wer or detas of service) Mrs Charolette Mc Cann 11 Geranium Place Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Cardiac tamponade IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which Ruptured myocardial infarct cute the certificate, writing the word "pending" geva rise lo immediata ceuse DUE TO Examiner' Se (a), steting the underlying cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.79. WAS AUTOPSY CERTIFICATION PERFORMED? NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert | or Part || of item 18.) PRIMARY | or CONTRIBUTING | forwarded to the Chief Me L DIRECTOR: Page 3 sho sted agent, prior to burial, MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, Month, Dey, Year 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designafed ACTUAL ASSISTANT MEDICAL EXAMINER 4 should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Breitenecker, M.D. Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY its 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) ö Baltimore lawn Cemetery 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05503 CERTIFICATE OF DEATH 05497

1. PLACE OF DEATH	USUAL RESIDENCE (Where deceased lived, If institution: Residence below	e edmission)
Baltimore County MARYLAND		
b. CITY OR TOWN (il outside corporete limits, c. LENGTH OF STAY IN II write RURAL and give nearest town)		own)
Mt. Wilson, Md. 2yrs // week	S BALTIMORE 3VOI	4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, ove street address)		RESIDENCE N A FARM?
Mt. Wilson State Hospital	3010 SPACILLONG MOLINGE YES	□ NO □
3. NAME OF DECEASED (Type or print) CHARLES ELLICK	1 :C: TALES OF MAY 20	962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH . 9. AGE (IV yeers IF UNDER I YEAR IF UND lest birthdey) Months Days Hours	DER 24 HRS.
MALE WHITE WIDOWED DIVORCED	JUNE 4 /879 62 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA	T COUNTRY?
MACHINIST BOLT AND NUT (O HANDUER FENNSYLVANIA 45H	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HAMILTON WI LIGHTNER	ANNIE REIBERT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17		
(Yes, no, or unkown) (If yes give wer or dates of service) 214-20-6314Ho	ospital Records, Mt. Wilson State Hospit	e l
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL	
DANGE CONTRACTOR OF THE CONTRA	ONSET AN	
IMMEDIATE CAUSE (0) PULMONARY	1013 ERCULOSIS 34	EARS
002, DUE TO		
Conditions, if eny, which \ (b)		
geve rise to Immadieta ceuse DUE TO		
(e), stating the underlying (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	SAUTOPSY
	YES	FORMED?
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCU	RED. (Enter nature of injury in Pert I or Part II of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF C		
20c. TIME OF INJURY Month, Dey, Year 2Dd, INJURY OCCURRED 2De.	PLACE OF INJURY (Home, farm, ' 201. (City or town) (County) fectory, street, office bldg., etc.)	(Stete)
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. 1 Hour e.m. While Not While et work 19 et work		
at I contifer that (1) (this hospital) attended the deceased fro	m 3/7/, 19 to 5/24 19/27 that (1) (we) last
21. I Certify that (i) (this hospital) alterioed the deceased its	m. 3/, 19, to 5/29, 1962, that (I hat death occurred at M, from the causes and on the date sta	ated above
saw the deceased alive on	tal death occured at	22h. DATE
	ATTENDING MED. STAFF	SIGNED
Muramer	M.D. PHYS. DIRECTOR PHYS.	729/1
L NAME (Type)		, , ,
Wm. Newcomer, M.D., Spperintendent	Mt. Wilson State Hospital, Mt. Wilso	
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
CREMATION 6-2-62 Green Mou:	nt Cemetery Baltimore	
	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook-Towson, Inc., 1050 York Road, T	OWSON # DATE JUN 1 162 July J. Trank	
Wm.Cook-Towson, Inc., 1030 for Road, 1	DATE JUN 1 62 July J. Trank	

. 6) THE PERSON SHALL S THE STATE OF THE STATE OF THE STATE OF the ref is the first of the control Tr. Cock+15 don, Inc. , 1930 York Foad. Toyagen & ... West & Stevenson of the Rule

TO HOSF A may be retained by the hospital or attending physician.

Solution of the many be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be before to burial, cremation, or removal, and in any event, within 72 hours after deather. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05504 CERTIFICATE OF DEATH 05498

	E	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: a. STATE b. COUNTY	Residence before edmission)
Baltimore MARYLAND		altimore
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL en	d give nearest town)
writa RURAL and give nearest town)	Yowson	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
430 Woodbine Ave	430 Woodbine Ave	YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Dey Yeer
(Type or print) ALFRED SAMUEL	LOIZEAUX DEATH May 7,1962	19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS.
Male White WIDOWED X DIVORCED	reb. 12, 10// 85 yrs.	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		IZEN OF WHAT COUNTRY
Electrical Engineer Gas & Elect.	Co. Iowa	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Timothy O. Loizeaux	Anna M. Roberts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(New years) I filter a strong of the first of the strong o	. Milton Loizeaux-430 Wood	bine Ave,4
18. CAUSE OF DEATH [Enter only one ceusa per line for (a), (b) and (c).]	. 2.1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEUTE (Ardl	ae Hailere	ONSET AND DEATH
11500	oc venue o	
750.0 DUE TO (Interpret)	Masia	142
Conditions, if eny, which gave rise to immediate cause		
(a), steting the underlying DUE TO		
ceusa lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 20t. (City or town) (Cou	unty) (Stete)
Hour a.m. While Not While et work et work	ctory, streat, offica bldg., etc.)	
	14/4 10 1060 May 17 10	A
21. I certify that (I) (this pospital) attended the deceased from	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	that (I) (we) ta
	death occured at	
22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNE
Liveuse ps	M.D. PHYS. TO DIRECTOR PHYS.	5/7/62
22c. Pirisician's NAME (Type) Dr. Laurence C. Post	6805 York Road, Baltimore 12	Md.
1		0.0
REMOVAL (Specify) Burial 5/10/62 Druid Ridge		
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
and the state of t		SIGIALIOKE
wm Cook-Towson, Inc. York Rd. Towson	1 4, Md DATE MAY 9 '62 CITTLE	8 Kare

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Baltimore

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Am Jook - Torson, Inc. York His. Love on +, Id.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY the 12 MARYLAND b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 1b outside corporata limits, writa RURAL and giva naarest town) e. IS RESIDENCE ON A FARM? YES NO DO 3. NAME OF OF DEATH DECEASED (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY most of working life, even if retired) 13. FATHER'S NAME .5 attending pue pr unkown) | (Ifyes givawar or dates of servica) 1121 Maiden Ch CAUSE OF DEATH [Entar only ona cause par line for (a), (b) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: About 10 years General arteriosclerosis IMMEDIATE CAUSE (a) Old age DUE TO About 6 weeks Conditions, if any, which Cystitis gava rise to immediata causa Enlarged prostate DUE TO (a), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO TH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING FT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stata) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., atc.) Not While Whila at work at work 21. 1 certify that (I) (this hospital) attended the deceased from...April ...26......, 1962, to May ...6.,, 19.62 that (I) (we) last 22b. DATE SIGNED ATTENDING NAME (Typa) 23a. BURIAL, CREMATION OF 256. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) arthur S. Thomas 1SM 7/61

hours after

RYLAND STATE DEPARTMENT OF HEALTH

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mpletely filled in by the funeral papers. Pages 1 and 2 should in 72 hours after death. hin 24 hours after death. 5 4 may be retained by the hospital or attending physician.

TO FUNRAAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon pages. The law requires that the death certificate be executed director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with OR ATTENDING PHYSICIAN: TO HOSEL VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05506 CERTIFICATE OF DEATH 1 PLACE OF DEATH

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before edmission)
/		. COUNTY BALTIMORE MARYLAND	a. STATE MARYLAND b. COUNTY BALTO.
		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) BALTO, 2 C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 124 OVERBROOK Rd,	124 OVERBROOK RD. o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\begin{array}{ccc} \text{YES} \sum \tex
	3.	NAME OF DECEASED (Type or print) BERTHA M, M	ANNING DEATH MAY ZG 1962
	5.	FEMALE WHITE WIDOWED DIVORCED S	DATE OF BIRTH 9. AGE [In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. EPT. 25, 1878 83 yrs. Worth Property Proper
	do	. USUAL OCCUPATION (Give kind of work no during most of working life, even if retired) 100. KIND OF BUSINESS OR INDUSTR OWN HOME	OHIO USA
	13.	JACOB BURKART	14. MOTHER'S MAIDEN NAME ELIZABETH REICHLEY
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	AMILY RECORDS
	ITON	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Output Conditions, if eny, which geve rise to immediate cause (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	Attebios clasofic Cordio (INTERVAL BETWEEN ONSET AND DEATH ONS
	AL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Pert II of item 1B.) CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	MEDICAL	Hour e.m. While Not While fact	ory, street, office bldg., etc.)
		21. I certify that (I) (this happital) attended the deceased from saw the deceased alive on 4.17. 14. 1962, and that	death occured and
			D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (TYPE) K. KO'M MET, St.	22d. ADDRESS 11 TO HR Rd. Polts. 12, Ma
1	230	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY PARTY REPORT OF CEMETERY LOUDON PARTY	OR CREMATORY 23d. LOCATION (City, town or county) (State) RK CEM, BALTOI, MD-
1	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOWSON, 1	MP. DATE JUN 1 '62 Cuthun & House

124 Overounk Re THE MERSELLE YEAR BERTHA HI AMMINE KINS TENDAR WHITE THE SELL SELL SELVES 83 HOUSERING ON HOUSE OHIO EVEN BETH REICHLEY LECKE EVIRENT FAMILY RECOVERS when with the party of the property THE THE RESERVE SHOWS THE PROPERTY OF THE PARTY OF THE PA the little and the second of t ENGINE WAY SAME LANDON PACK CENT. BRITS NEW. With Burns Sur, Town Will are as I'm and the

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 0.5507 CERTIFICATE OF DEATH 1055YLAND 05507

1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
Baltimore MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
HYDE, Md	Cockeysville
d. NAME OF HOSPITAL OK INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Harford Road	York Road YES NO
3. NAME OF DECEASED (Type or print) Thomas First Middle M	255ey DEATH May 19 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED TO DIVORCED	Nov, 12, 1896 9. AGE (In years 19 UNDER 1 YEAR IF UNDER 24 HRS. leg birthdey) Months Deys Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Long Shoreman Dock Work	North Carolina U.S.A.
13. FATHER'S NAME Thomas Massoy	14. MOTHER'S MAIDEN NAME
Thomas Massey	Ida (unknown)
	NFORMANT Address
YES WW I 219-01-4155 Id	da May Goldberg, Beaver Dam Road,
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).)	I INTERTAL DEL TICLIA
PART I. DEATH WAS CAUSED BY:	of Prostate ONSET AND DEATH
	01 11031010 - 975
DUE TO	
Conditions, if eny, which geve rise to immediate cause	
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part II or Pert II of item 1B.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., etc.)
Hour a.m. While Not While st work at work	
21. I certify that (I) (this hospital) attended the deceased from	April, 196 - to Mey , 196, that (1) (we) last
44	death occured at Z.A.M., from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
14/.11.	ATTENDING MED. STAFF
22c, PHYSICIAN'S 1.11	22d, ADDRESS
NAME (Type) William Al, Tyson	Mingsville Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (
BURIAL 5-23-62 Baltimore Nat	tional Baltimore
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Wm. Cook-Towson, Inc. 1050 York Road, Tox	WSON DATEMAY 22'62 Circling & Krous
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE 179 Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital Sharp completely 4. DATE OF DECEASED (Type or print) May 16 AGE In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and last birthday) DIVORCED WIDOWED January 29 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Rubber Mfg. Company Laborer Baltimore, Maryland 13. FATHER'S NAME Thomas McClain Dora Waters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Clinical Records, VA Hospital, Fort Howard Md. Yes PL-28 215-30-1073

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, DIABETIC ACIDOSIS IMMEDIATE CAUSE (e) DUE TO DIABETIC MELLITUS Conditions, if eny, which gave rise to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFIC 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. HUJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dey, Year factory, street, office bldg., etc.) Hour a.m. Not While at work et work 21. I certify that M (this hospital) attended the deceased from. May 19.62 to... May 19.62 to... 19.62 that (1) (we) last 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH Fort Howard, Maryland IRVING FREEMAN. M. D. 23a, BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0.0 limbre nas Cem ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 1000 VR A1S (4) DATE MAY 2 4 '62

ARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO

19

ONSET AND DEATH

UNKNOWN

UNKNOWN

PERFORMED? NO T

(State)

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

II.S.A.

IF UNDER 24 HRS.

1SM 7/61

28 1 1521 N. Tunnall Where Toy .. County Said County of Clary County THEODAL 01 11 11 310 misigal agrain Maria de Cara de Constante de C SUPPLIENCE OF PRINCIPAL Briskyrst , briskott Pice TRAV

PRESTON STREET, BALTIMORE 1, DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where dacased lived, If institution, Rasidance before admission) COUNTY b. COUNTY arRIJOI MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give pegrest town) d. STREET ADDRESS e. IS RESIDENCE (if not in hospital, q. street address) ON A FARM? YES NO 3. NAME OF DATE Month Day Van DECEASED OF (Typa or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HR 5. SEX AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Hours Min. WIDOWED W DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of wo 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY please 16. SOCIAL SECURITY NO. INFORMAN' (Yes, no, or unkown) | (If yes all ewar or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PNEUMONIA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immadiata cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Whila Not While Hour a.m. at work at work p.m. attended the deceased from...... 19.0 and that death occured from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE **ATTENDING** SIGNED PHYS. 22d. ADD 22c PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) (Spacify) 258. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR TERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Thomas 15M 9/60

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	many .	PIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
700	M	6) USS10 CERTIFICATE OF DEATH 05504
s after funeral should	IVI	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission
urs 2 sh		O. COUNTY BALTIMORE MARYLAND O. STATE MD. B. COUNTY BOLLE MARYLAND
hou the		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)
24 24 1 a l	,	CATONSVILLE LIFE X CATONSVILLE
hin ed i	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESIDENC
S. Pa		106 MELVIN AVE 106 MELVIN AVE YES NOD
etely pers		3. NAME OF First Middle Last 4. DATE Month Dey Yeer
mple pag		(Type or print) KALDH L. MENNEDICK DEATH MAY 18, 1967
d co		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
and and cark		M. WIDOWED DIVORCED DEC. 14. 1900 Last birthday) Months Deys Hours Min.
icate iian iian		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
ysic emo		GAS FITTER, GAS & ELECTRICO, MD, U.S.A.
h ci		13. FATHER'S NAME
ding ding pleas	T	HERMAN L. MENNERICK HARRIETT CI HIRDON
en Hen	1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgive werordatesofservice)
e a Th		(1985, no, or unkown) (Hyesgive were dates of service) 215-03-0332 106 MELVIN AVE, CATONSVILLE 28, MELVIN AVE, CAT
s th.		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
vire Vsici		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
phy phy igne igne insit		420.1 DUE TO
ling on s -tra		Conditions, if eny, which (b)
he lend bee		geve rise to immediate cause (e), stating the underlying DUE TO
r at has e b		cause last. (c)
IAN al o aste sate sate o bu	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
Spit Tiffic Se a		13 CEREBRAL REMORRHAGE TYRS. 4GO YES NO NE
HYS ho		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING
Pr this d fo		
NG Parker by Broke		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED thour e.m. While Not While et work at work at work at work 19
ND ine direction of		Hour e.m. While Not While factory, street, office bldg., etc.}
P C S S S S S S S S S S S S S S S S S S		21. I certify that (I) (this hospital) attended the deceased from 1-3, 1955, to 5-18, 1967, that (I) (we) la
A Se le		saw the deceased alive on
OR OR Short		22a. SIGNATURE , PHACE Surgition 1775 DISC (1150) 22b. DATE
# # 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		M.D. PHYS. DIRECTOR PHYS. 3/14/62
Pag Pag		22. PHYSICIAN'S LOAN F SCHAFFER. 22d. ADDRESS 401 PONTAN FO
HOS/ sith. FUN ector, filed	-	THE MANAGEMENT TO.
Hat I had	2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
ರಿಕ್ಟರ್ಕ್ಡ	13	BURIAL 5/21/62 NESTERNCEMTY, ISALIO, MP,
VR A15 (4)	(2)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 7/61	14	WITZKE, 4101 EDMONDSON AUE, DATE MAY 21 62 Chilly S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH

1.15 CHETHERE WILLIAM STANSFILLE LEGGE CHRONISHILL 10 E MEN 111 Meter 106 MEXINGAREE THE SERVICE STATES OF THE SHEET STATES HERMAN L. MENNERICK STATISFER OF LINEDON Wietz Sir Longwish Are and the

MARYLAND STATE DEPARTMENT OF HEALTH 05511 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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by t	d 2 s	10

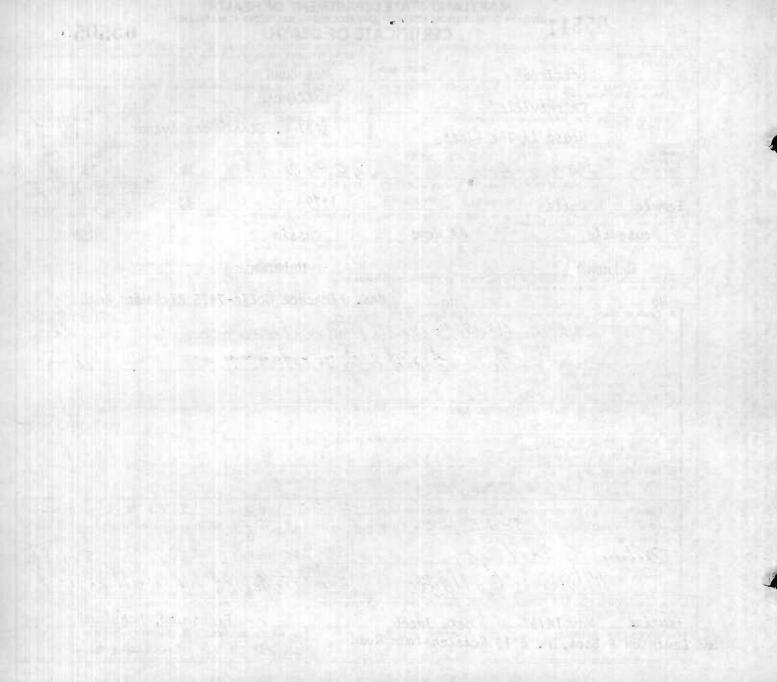
after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 or the State Baard of Health priar to burial, cremation, ar removal, and in any event. Within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 !

TO HOSPI VR A1S (4) 1SM 9/59

1. PLACE OF DEATH a. COUNTY				tion: Residence before admission)
Baltimore	MARYLAND	d. STATE Marylan	d b. COUNT	Y - V
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TÖWN (IF Baltimo	outside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of	address)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION		3207 W.	Starthmore Av	ON A FARM?
House in The	Pines	J		YES NO
3. NAME OF First .	Middle	Last ,	4. DATE Mo	onth Day Yeor
(Type or print) -ANNE		NERIN	DEATH May	13 19 62
S. SEX 6. COLOR OR RACE 7. MARR	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Fomale White WIDOWE	ED DIVORCED	1879	83 yrs	
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	At Home			1101
HOUSEWASE	AL HOME	Russia 14. MOTHER'S MAIDEN	NIAME	USA
13. TATTER 3 NAME		14. MOTHER 3 MAIDEN	INAME	
Unknonw		Unkn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	NFORMANT	Add	dress
No	No Mr	s. Florence	Wolfe-7425 Ric	ksway Road
1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]	F- ALBERT		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	it Porsonas	- Thomas I-	100 Mg	ONSET AND DEATH
IMMEDIATE CAUSE (o) COC	200 000000	7.00,000	, -, -,	, 24
7201	1. 1	1		14 1
Conditions, if any, which (b)	usalized a	montace	MERO	107
cause (a), stating the under-	V			
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Z Z				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 at work	INOI WHITE	ctory, street, office bldg., et	c.)	
		A9 #2 #		
21. I certify that (I) (this hospital) attend			M. The second se	
saw the deceased alive an	3_1962 and that c	death accurred ap 4	Mafram the causes a	nd an the date stated above.
22a. SIGNATURE				22b. DATE SIGNED
Helmes Hi Hallers	5.27	M.D. PHYS.	AED. STAFF PHYS.	5-14-62
22c. PHYSICIAN'S	2.1	22d. ADDRESS		0 000
NAME (Type) Wilmer K. G.	allager	6209 Fre	derick Rd.	Bolt, 28, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town,	or county) (Stote)
Burial May 14/62	Beth Jacob		Finksburg	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE		2Sq. RFC	1	GISTRAR'S SIGNATURE
Levinson & Bros, Inc 6010 F	Reisterstown R	oaa		Tirling S. Krous
		DATE	TO OF THE	without a. I will



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05512 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, If Institution: Residence before edmission) e. COUNTY b. COUNTY by the 1 Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) c -Dundalk Dundalk filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2540 Liberty Parkway 25h0 Liberty Parkway YES NO complete NAME OF Middle 4 DATE Month Day Year DECEASED (Type or print) DEATH Albah Bovd Thomas Merritt Mav 19 and co 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Davs Hours Min. Male White WIDOWED [DIVORCED Feb. 2, 1892 70 VIS. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (Tax Asseser Baltimore Co. Md. Retired USA attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME C James A. Merritt Ella J. Graves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Helen Mc Kay Merritt-2540 Liberty PKWY 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED 3 YES DESCI HOWNINJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] 20Ь. OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory/street, office bldg., etc.) While Not While Hour a.m. et work at work 21. | certify that (I) (this haspital) attended the deceased from that (I) (wa) last, end that death occured at. My from the c uses and on the deta stated above. the deceased alive on. 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d._ ADDRESS NAME (Type) KNING DOT FUN 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) 0.0 Oaklawn Cemeterv Burial Baltimore Mary 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 7/61 MAY 2 o '62 DATE Onthey & Know

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Trement will be 2000 Child The Comment of the Comment of the State of the STREET STREET

F 75 5	M		05	513	AL RESEA		s, 301 w. preston s TE OF DEATH -314 6/1/62 c	TREET, BALTIMOR	05507
ours after funer 1.2 shows	IVI		NAME OF DECEASE	ERRYMA	IN ST	EPHEN	W.	2. DATE OF DEAT	162
hoy th	1000	3.	PLACE OF DEA	TH IN BALTIMOR	E, MARYLA	ND	4. USUAL RESIDENCE (Where		n: residence before admission)
ety filled in bors. Pages 1	Nours amer	+	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OF INSTITATION) 8826 L	itution dive street	y Rd.	MD.	(II outside city limits write R	
mplet pape	7/ 4			Kanda	llstor	ion, Md-	8826 LIBE	ERTY RD	ive location)
and cor	w 'm	5.	SEX 6.	COLOR OR RACE	7. SINGLE, WIDOWED	MARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under I Yr. If Under 24 Hrs. Months Days Hours Min.
ertificat nysician remove	iny ever	dor	A. USUAL OCCUPAT The during most of work NO NO.	rking lile even if retired)	IOB. KIND O	F BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fore	rign country)	12. CITIZEN OF WHAT COUNTRY?
ath o	E .	13.	FATHER'S NAME	Marvin M	erryma:	n. Jr.	14. MOTHER'S MAIDEN NAME		1
endir n ple	T		FRAM	1 加车村1	TY MA	N	ELIZ, E	AMBOPNE	LAMBORN
that the in. the att	lemover.			in U. S. Armed Forces? If yes give wor or date:	s of service)	SECURITY NO.	ELIZABETH	L. MERRYN	ADDRESS AND SAME
e law requires anding physicis been signed by rial-transit pern	cremation, or		(This daes not me heart failure, asth	CONDITION DIRECTING TO DEATH ean the made of dyinenia, etc. It means the	ng, e.g., disease,		OF DEATH	DISEASE	INTERVAL BETWEEN ONSET AND DEATH
or after has	urial,	H		cotion which coused	death.)	(B)			
YSICIAIN hospital contrificate use as the	orior to b	CATION	DISEASES OR C rise to the abo UNDERLYING C	ONDITIONS, if any, we cause (A) stati	, giving ing the	(C)			
od by the Affer this stached for	of Health a	ERTIFIC	TO THE DEAT	IT CONDITIONS CONT H BUT NOT RELATE					
TTENT Fresh	Dept.	SAL CI	IF OPERATION WAS CAUSE OF DEATH, PART I OK MAST II	ENTER IN	A. DATE OF O	w.	B. CONDITION FOR WHICH OP AS PERFORMED	_	20. AUTOPSY? YES NO NO
OR A	State		Service and the first	vd 1). (Leurannshilo)		ot (I) (we) lost sow th	e deceased alive on	5/9/6	19 to
AL DE 3	the the			(aur) opinion dea	th accourred		from the causes and an the		I Y
CERA.	<u>₹</u>		23A. SIGNATURE	David &	ulwo	M.D. 23B.	ADDRESS -	espetal 12	C. DATE SIGNED
HO FUN	pelii e	24/4 REN	ATTENDING PHYS. BURIAL CREMATIONAL (Specify)		he d	ME of CEMETERY or CREMA	TORY 24D 10	OCATION (City to	3 71
De Dig.			BURIAL	5-11-6		FRIENDS BU		BALTO. A	own, or county) (State)
VR A15 (- 15M 7/6:	4	25A	DATE REC'D BY HE	1 62 C	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		1					JOHN C. MITTE	HELLY JONS,	LIVC. 1900

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut.	death. The death of the hospital or attending physician.	> TO FUNCERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	3 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
TO HOS	death.	TO FUND	director,	be filed	
	VR	A	15	(4)	N.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05514 CERTIFICATE OF DEATH 05508

1		LACE OF DEATH	2. USUAL RESIDENCE (Whara decaasad livad, If institution: Residen	nce before admission)			
7	a.	COUNTY Baltimore MARYLAND	o. STATE Maruland b. COUNTY Bala	timore			
/	ь.	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town).	c. CITY OR TOWN (If Gutside corporata limits, writa RURAL and give	naarast town)			
		Parkville.	X Parkville				
	d.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS	e. IS RESIDENCE			
		2525 Wentworth Road	2525 Wentworth Road	YES NO NO			
		AME OF First Middla ECEASED	Last 4. DATE Month Day	Yaar			
		ypa or print) Mrs. Minnie P. Meyer	DEATH May 1th	19 62 I IF UNDER 24 HRS.			
	3. 31	6. COLOR OR RACE 7. MARRIED NEVER MARRED B	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR last birthday) Months Days	Hours Min.			
1	_ A	emale white widowed) oivorced 1/1	ug. 20, 1805 76 yrs.				
	dona	USUAL OCCUPATION (Give kind of work during most of working life, evan if retirad)	11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN C	OF WHAT COUNTRY?			
/	12 5	TOUSEMLYE FATHER'S NAME	11 MOTURNE NAME				
	13. 1		14. MOTHER'S MAIDEN NAME				
	V	Milhelm Paul					
ч	15. V		INFORMANT Address				
	1100,	III, or discovily (117 as giva wal of dalas of safvica)	rs. Mildred Metzger san	ne			
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	, IN	ITERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Curterioscl	erosis	NSET AND DEATH			
		450,0 DUE TO					
		Conditions, if any, which	THE RESERVE THE PROPERTY OF TH				
		gava rise lo immadiata cause					
		(a), steting the underlying DUE TO					
	_ =	causa last. (c)		10 WAS AUTODSY			
)	ğ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DI KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (8)	PERFORMED?			
3	3			YES NO			
	₩ C	ROB. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH RESTRICTION OF CONTRIBUTION	(Enter natura of injury in Part I or Part II of item 1B.)				
			CE OF INJURY (Homa, farm, 20f. (City or town) (County)	(State)			
ř	MEDICAL		ory, street, office bldg., atc.)				
	1 2	21. I certify that (I) (this hospital) attended the deceased from	6.16 , 1961, to 5 , 5 , 1962	that (I) (we) last			
	1	saw the deceased alive on 5.5 19.6.7, and that					
		22e. SIGNATURE	dodn't decay of distinctivity from the decay dist on the di	22b. DATE			
		Deliver	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. STAFF				
	2	22c. PHYSICIAN'S NAME (Typs)	22d. ADDRESS				
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY [23d. LOCATION (City, town or county)	(Stata)			
	RI	EMOVAL (Spatity) 5/9/62 Moreland M	n 1 0 /	land			
	24 F	UNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	ATURE			
	1	eonard J. Ruck Inc. 5305 Hatfard	Rd. DATE MAY 9 '62 Cuthur S. Hr	aus			

(10 .G.) Company of the second of the s Leonara J. Hum State 5305 nagosa na. "

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TO HOSP C OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed in 24 hours after a death. Par 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

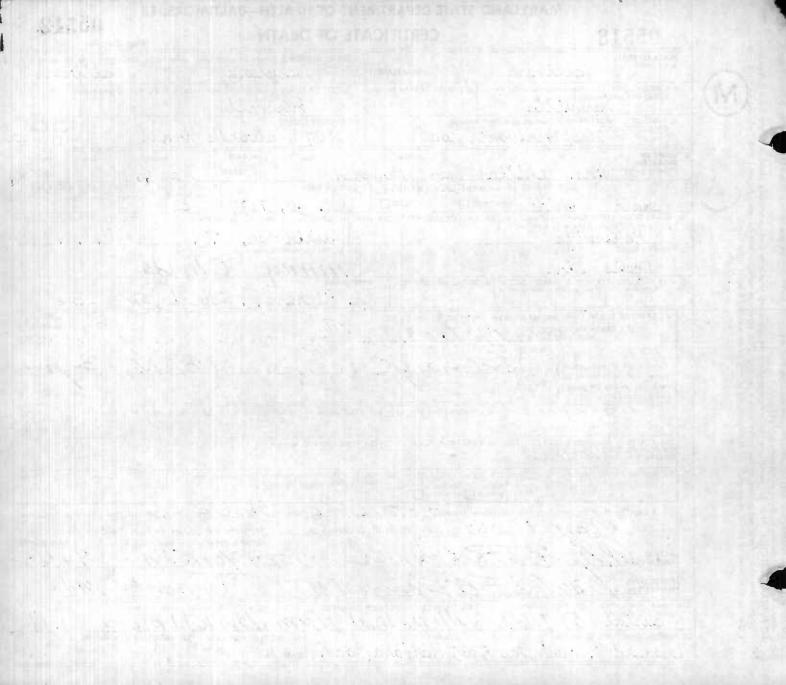
DIVISION DE STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15511

		the state of the s
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
3.	e. COUNTY BALTO MARYLAND	B. STATE MD. b. COUNTY BALTO.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CATONSVILLE	BALTIMORE 3114
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	SUMMIT NURSINGHOME	ESPLANADE APT. HOUSE YES NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print) MARGARET	MILLER DEATH MAY 24 1968
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
	WIDOWED DIVORCED	A PRIL 14, 1904 58 yes. 10013
	B. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (County & Sfele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S MAME	14. MOTHER'S MAIDEN NAME
	Heorge miller	Emma -
		INFORMANT Address
(4	as, no, or unkown) (Ifyesgive wefrordetesofservice)	to Mann- Rh & - York Gener.
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Hehi Plagi	d 12+ T cosh 12+1.
	420. 1 DUE TO 0	1.4.
	Conditions, if any, which) (or mary A	triony disease
	geva rise to immediate cause	
	(a), steting the underlying DUE TO	
	ceuse last. (c)	TO THE PERSON OF
CERTIFICATION	Past episole of Cardida	DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ERTIFIC	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUST OF DEATH	D. (Enter nature of injury in Pert I or Part II of item 1B.)
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) tory, streat, office bldg., ejc.)
ME	p.m. 19 et work et work	Ahr:/ 1/1 5/24//1
	21. I certify that (I) (this hospital) attended the deceased from.	, 1900, to
		death occured 71.00 M, from the causes and on the date stated above.
	22e. SIGNATURE	/ 22b./DATE
	My M YLI	A.D. PHYS. DIRECTOR PHYS. 1
	22c. PHYSICIAN'S W. E. Mc Grath	22d 303 Fraderick Re Cetimisville 28mo
23	REMOVAL (Specific S-25-62 Crospect	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 1250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
-	Tuly Tured Home - Colonsoid	G Me DATE AY 2 8 62 Cirling 8. Krane
D ₂₀₀		

Many Plant of The Constitute. Althorate especial To encountries - 1/2/2 - 1/2/4 1200 Fredrick Recharge W.E. M. J. H. The January Charles and the State of the Sta

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- (35518		CERTIF	CATE OF I	DEATH		Reg. Dist. No	0.
o. CO	OF DEATH Bal	timore	MARYLA	O STATE	Maryland	b. COUNT		fare admission) timore
RUI	Y OR TOWN (If autside RAL and give neorest taw Park V	ülle	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If autside car Parkvill	rporate limits, write	RURAL and give no	earest lawn)
d. NA OR	ME OF HOSPITAL (IF no INSTITUTION 2604	t in hospitol, give street Wentwort	1 0 1	d. STREET / 2604	111	th Avenu	<i>le</i>	e. IS RESIDENCE ON A FARM? YES NO
3. NAMI DECE/ (Type	or print) Mrs.	First Lillian	Mae Mc	berly	st 4. DATE OF DEAT	TH May	4,	Day Year
5. SEX	emale 6. col	or or race 7. MARI	RIED CALEVER MARRIED ED DIVORCED [н 30, 1879	9. AGE (In years last birthday) 2 yrs	Manths Doys	Haurs Min.
100. 9 SU durii	AL OCCUPATION (Give ng most of working life,	kind af wark dane 10b.	KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHP	ACE (State or foreign	De C	12. CITIZEN C	S A.
13. FATHI	Lewis Si	nn		14. MOTHER'S	RU RU	Chilo	15	
15. WAS (Yes, na, or	DECEASED EVER IN U. S unknown) (If yes, give	5. ARMED FORCES? 16. war or dates of service)	SOCIAL SECURITY NO.	Mr. Ric	hard (.	Moberly	fress	same
18.	PART I. DEATH WAS	CAUSED BY: ATE CAUSE (o)	ne for (o), (b), and (c).]	Tie Car	denon	1206/	cmg (TERVAL BETWEEN USET AND DEATH
gar	nditians, if ony, which the rise to immedious (o), stating the under grouse last.	te Due TO	mary	72200	noms	0 (B/20	Ider 3	3-yrs
CATION	PART II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL DISE.	ase condition g	VEN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
OR C	ACCIDENT WAS UNDER CONTRIBUTING CAUS THER, NOTIFY MEDICAL	SE OF DEATH	CRIBE HOW INJURY OCC	URRED. (Enter noture	af injury in Port I or F	Port II af item 18.)		11.5
WEDICA 20c. 1	TIME OF INJURY Mont Haur a. m. p. m.	h, Doy, Yeor 20d. I 19 While of war	Nat while	e. PLACE OF INJURY foctory, street, office	(Hame, farm, 20f. (C	City ar tawn)	(Caunty	y) (Sta
	e on Ma	tended the deceas	ed from O CTO	be 196 eath occurred at		m the causes a		w the decease te stated abov
ACTI	JAL A	aclast	Donne	afo.	25013	(Street, city or town	, state)	5/4/6)
	SICIAN'S AE (Type)	Nest	O'Don	yellM	D	lowisos	1#4 Y	nd
REM	OVAL (Specify) 5	7/62	22c. NAME OF CEMETE	RY OR CREMATORY	1211- 131	CATION (City, town,	MORE	(State)
Lec Lec	ral director's signal anard J. A	TURE Luck Inc 5	ADDRESS 305 Harfor	rd Road.	240. REC'D BY REG		SISTRAR'S SIGNATI	



05513

05519

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		MARYLAND	a. STATE			ived. If institution b. COUNTY	an: Residence b	efare admiss	sian)
200122	timore		new Jersey c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					- \	
RURAL and give r	(If autside carporate limits, wri nearest tawn)	ite c. LENGTH OF STAY IN 15	c. CITY O	R TOWN (If a	utside corpora	te limits, write K	URAL and give	nearest tawr	1)
White	Marsh		Oakl	yn			6	1/X -	5
d. NAME OF HOSPI	ITAL (If nat in haspital, give st	reet address)	d. STREET	ADDRESS				e. IS RES	
Mrs	aylor's Res	t Home	206	White	Horse	Pike			FARM?
3. NAME OF DECEASED (Type or print)	First	Middle	MORGA	Last	4. DATE OF DEATH	Man			Year
5. SEX	GEORGE 7. A		2.00000		1	MAY	IF UNDER 1 YE		-
		MARRIED NEVER MARRIED DIVORCED		3/ 30	,	AGE (In years last birthday)	Manths Day		Min.
Male	1 11177 00	100	April	10,18	391	71 yrs.	100 0000		
during most of war	ION (Give kind at wark dane) rking life, even if retired)	10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTH	IPLACE (State of	ar fareign cau	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
Salesma	n Selfemol	oved	We	st Vir	ginia		U.	S.A.	
13. FATHER'S NAME			14. MOTHE	R'S MAIDEN N	AME				
IInk	nown Morga	an		Unknow	rn	Tink	nown		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		INFORMANT	0111110		0 =====	ressTowso	n #	4
(Yes, no, or unknown)	If yes, give wor or dates of service)	05 6218	Irs Myr	tle R.	Kolb		Mussul	"	ad
1B. CAUSE OF DE	ATH [Enter only one cause p	er line far (a), (b), and (c).]	90	- /	2 +		111	NTERVAL BE	TWEEN
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(manarie	6170	man Ki	25/1			THE AND	D- A
420	DUE TO	www.	- 1000	recu	0		-	fuc.	Carre
700,		T-12 10 1 =	1 - W	00-1	· H	10000		11.	0
Canditians, if a		210260400010	UCH	Care	VX	Marie	/	71	124
cause (a), stating		4 1-1		0	· A			20	
lying cause last.	(c)	Jen. (170	MOSC	ones	10			- 1	
PART II. OT	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UI NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(0	19. WAS	AUTOPSY DRMED?
PART II. OT	Dial	seles mod	etus-	Dink	elic	Thua	none	YES [-
200. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUR	RED. (Enter natur	af injury in P	art I ar Part I	l of item-18-	0:01	50	
	G CAUSE OF DEATH Y MEDICAL EXAMINER)					718	org u	90,	
20c. TIME OF INJU Haur a.m.	RY Manth, Day, Year 20		PLACE OF INJUR			ir tawn)	(Caun	ity)	(State)
Haur a.m.		hile Nat while wark at wark	factory, street, of	rice blag., etc.	1				
		- 1	- 1	6)	5-17	10	1		
21. I certify t	hat Lattended the dec	eased fram), 19/a	0 10	1	196	that I lost s	aw the c	dece ased
olive on	27-11	P. ond that dec	th occurred	16.30A	M, from th	ne couses on	d on the de		
/	26/10/201			/	ADDRESS (Stre	et, city ar tawn,	state)	DAT	TE SIGNED
ACTUAL SIGNATURE	Tologia) 1	thul)	M.D. 3/	047	1.000	neos 5	st. 5	-1-	-6d
	100000	8		7 ^ 4-	-		,	1.	1
PHYSICIAN'S NAME (Type)	obert H. Sive	er M.D.	1	notten	11A77 C	18	2	Mis	2
22a. BURIAL, CREMATIN		22c. NAME OF CEMETERY	OR CREMATORY	المنفيل والمراود	22d LOCATIO	ON (City, tawn,	or county)	(Stat	tal
PEMOVAL (Specify	0				20. COCATIO	marko er	1 35 6 73327	A BITT	,
DUNIAL	5/11/62		EMETER		BAI	TIMORE	MARYI	AND	
23. FUNERAL DIRECTOR		ADDRESS	MD.	24a. REC'L	BY REGISTRA		STRAR'S SIGNA		
HENRY SA	NDER & SONS	INC. BALTO.	TID.	DATE .		-	2. 100		

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, name 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	a. COUNTY BALTIMORE		a. STATE AA T	E (Whare deceesad livad, If In b. COUNT	stitution: Rasidance bafore edmission)
-		MARYLAND	In T),	12410.
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outsida corporeta limits, write	RURAL end giva naarast town)
	TIMONIUM	12 YEARS	X TIMON	MUNI	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
	26 NORTHWOOD DR			THWOOD DRI	YES NO P
3.	DECEASED	Minna Middla	(Millet)	4. DATE Month OF 44 4 A.4	Day Year
	(Typa or print) WILHELMINH A	PATHERINE IVI	ueller	DEATH MAY	20 1962
5.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
	1- W WIDOW	ED DIVORCED	4-21-68	last birthday)	Months Deys Hours Min.
10 d	De. USUAL OCCUPATION (Give kind of work one during most of working life, avan if ratired)	(IND OF BUSINESS OR INDUSTR		& State, or toreign country)	12. CITIZEN OF WHAT COUNTRY?
	HWFE		GERMAN		u.s.A.
13	I. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	HENRY HILFEMAN	V	UNTRO	w N	
	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		NFORMANT	Address	
1	No	MR	S. CLIFT . 26	NORTHWOOD DRI	JE, TIMENILLOY
	18. CAUSE OF DEATH [Enter only ona cause par	lina for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTE	ERIOSCLE ROTTO (ARDIOVASCUL	AR DISEASE	ONSET AND DEATH
	422, 1 DUE TO				
	Conditions, if any, which) (b)				21
	gava risa to immadiata causa				
	(e), stating the underlying DUE TO				
-	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NITE BUILDING TO DEATH BUILDING	T DELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1/a) 19 WAS AUTORSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NIKIBUTING TO DEATH BUT NO	I KELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	PERFORMED?
ŏ					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Entar nature of injury in Pe	ert I or Part II of item 18.)	
1	20c. TIME OF INJURY Month, Dey, Year 20d.		CE OF INJURY (Homa, farm,	20f. (City or town)	(County) (State)
MEDICAL	Hour e.m. Whil	THE THE PARTY OF T	ory, street, office bldg., atc.)		
2	P.III. 17		may G	1- 1101	26 44 1 1 1 1
	21. I certify that (I) (this hospital) after				
	saw the deceased alive on	196 L., and that	death occured at.C	M, from the causes a	nd on the date stated above.
	22a. SIGNATURE		ATTENDINGMI	ED STAFF	22b. DATE SIGNED
	"Mulland Trees	renj M	.D. PHYS. DI	RECTOR PHYS.	5-20-62
	22c. PHYSICIAN'S NAME (Type) WILLIAM A. P.	LEBURY	22d. ADDRESS 2060 YORK	RO, TIMONIA	m, MD.
-	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, low	n or county) (Steta)
-	REMOVAL (Spacify) 5-23-62	Mt. Olivet			ck Ave, Baltimore
_	BURTAL 5-25-02			D BY REGISTRAR 256. REGI	
		ADDRESS			
2 P	Im. Cook-Towson, Inc., 1050	TOPK ROAD TO	OWSON 4 DATEAY	E & UZ Ciril	ws S. Thous

\$	#14.50						
			O. IV.		a min		3
		in .			100		
					Skinesi's		
2	47		and the same	Township of	willer a life	114	
			80-12-4			1	
			A mental 2			SALUE.	
						HENEY	
	CHEST DAYS	annews P	14 34 1 AV 12 31/4			47	
	ER V	and G	Santane (Million)	MB- LINEWHSTAIN			
		Allega and	23 1 1 1 1 1 2 2	1 23 81 14			
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			da Sea Libe				
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				(• 1919 : 1100	and a f	

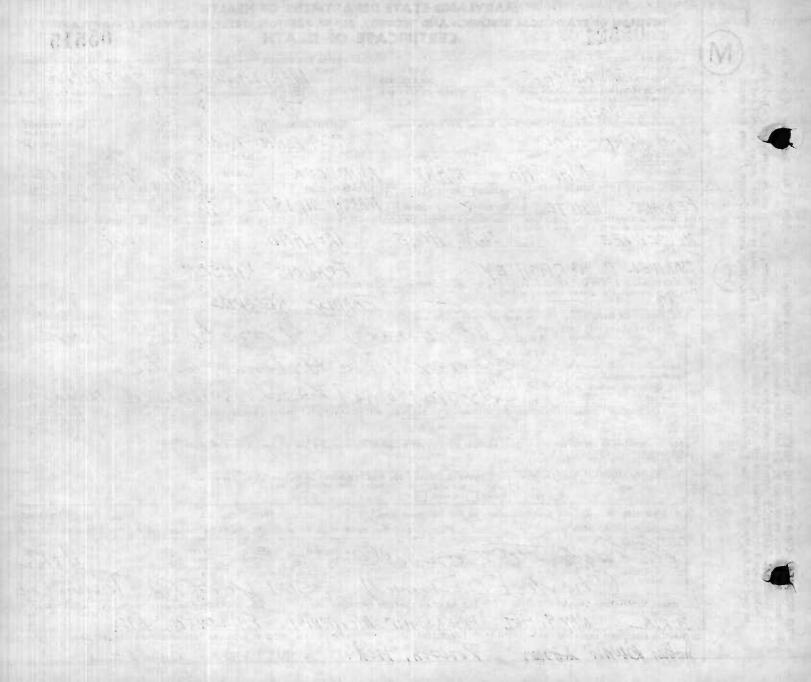
TO HOSP 12. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Put 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and yevent, within 72 hours after death.

1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05515

y	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)				
1	a. COUNTY BALTIMORE MARYLAND	a. STATE MARYLAND b. COUNTY BALTIMORE				
9	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CfTY OR TOWN (If outside corporate limits, write RURAL and give neerest town)				
	Towson	X TOWSON				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
	729 YORK KOAD	129 FORK KOAD YES NO D				
	3. NAME OF First Middle	Lasi 4. DATE Month Day Year				
	(Type or print) NIARTHA MARY N	NIRDOCK DEATH MAY / 1962				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	Last tables				
	FEMALE WHITE WIDOWED IN DIVORCED M	1ARCH 31, 1812 90 yrs.				
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
а	HOUSEWIFE OWN HOME	IRELAND USA				
Н	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	SAMUEL P. CORBISHLEY	FRANCIS KINEEN				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (If yesgive war or dates of service)	NFORMANT Address				
	1/0	FAMILY KECORDS				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN				
S	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-4 Drombosic BAYS				
	420.1 DUE TO	1. In T				
	Conditions, if eny, which \ (b)	ed Hylerioschmitic				
	geve rise to immediate cause	/				
	(a), stelling the underlying solution (c) (d) (d) (d) (e)	al Voscular Disease 10 MID				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO					
		PERFORMED? YES NO P				
	E 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter nature of injury in Pert I or Pert II of item 18.)				
	3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF fNJURY (Home, farm, 20f. (City or town) (County) (State)				
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. p.m. 19 et work at work	ory, street, office bldg., etc.)				
	21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we) last				
	saw the deceased alive on	death occured atM, from the causes and on the date stated above,				
	22e. SKSMATURE	22b. DATE				
	Charles 10Donnell	D PHYS. DIRECTOR PHYS. 316NED				
	22c. PHYSICIAN'S A A TOTAL	22d. ADDRESS				
	havest O Convel	1 7501 York Rd 1045m 4 mc				
		OR CREMATORY 238. LOCATION (City, town or county) (Stete)				
	REMOVAL (Specify) MAY 9, 1967 FRIENDSHIP	METHODIST FALLSTON, MD.				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
	John Burns Sone, Touson, Mr	d. DATERAY 1 4 '62 arthur & thous				



filled in by the funeral hin 24 hours after TO HOSP TO A MATERIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed him 2 death. Part 4 may be retained by the hospital or attending physician. 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

MADVIAND STATE DEDADTMENT OF HEALTH

	MARILAND SIA	TIE DEPARTM	WEIGH OF H	District Control of the Control of t	
DIMISION OF STATISTIC	AL RESEARCH AND RE	ECORDS, 301 W	. PRESTON ST	TREET, BALTIMORE 1	, MARYLAND
DINISION OF STATISTIC	CERTIF	ICATE OF	DEATH		05516

1. PLACE OF DEATH a. COUNLY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Big LTO: MARYLAND	a. STATE MJ. b. COUNTY BALTA
b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL and give nearest town)	X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
House in The Pines	1005 HARTMONT Rd, YES NO NA FARM?
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer OF
(Type or print) ANGLEY G. N	1ASh DEATH MAY 19 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	JUNE 12, 1896 65 yrs.
10a. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CLERK B+O RR	HOWARD G. Md U.S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NASh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT
(Yes, no, or unknown) (If yes give wer or detes of service) 705-05-9576	JACK NASH (SON) 1005 HARTMONT Rd,
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Tecompensation luk.
111121	-corry-water
TTOX DUE TO	P. 1. V. 1. X. 1330.
Conditions, if eny, which gever is a to immediate cause	" Cardio Varendes Dosean 1371.
(a), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO P
ZDa. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Enter nature of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	Cory, street, office bldg., etc.)
	5-2-, 1949, 10.5-19, 1962 that (1) (No) last
	death occured at
220. SIGNATURE	
1 2 4 11	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Wilmer K. Gallager	6209 Frederick Ave, Balt 28, 14de
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) MAY 22, 1962 BALTO, NATIO	NAL CEM BALTIMORE Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
E & Man Mall 301 Frederick 11	Le #28 DATE MAY 23 '62 Cribus 8 to
o mac marie	DATE MAN DE CITTAN & Knows

3 Toyotaket Treery from Con Charles More Carder Vorantes Down to 20 N. J. W. C. 50/8 80 Extens 1. Dellager William Ka Gallager Escopedine / Aug Balt & Mill

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Baltimore MARYLANI	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission e. STATE Md. b. COUNT Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Lans downe Life	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streef eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
180 Baltimore Ave.	180 Baltimore Ave., YES NO ₹
3. NAME OF DECEASED (Type or print) Brian Craig Nauman	Last 4. DATE Month Dey Yeer OF DEATH May 28,1962 19
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NE	Feb 20, 1961 9. AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child none 13. FATHER'S NAME	JSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY Baltimore U.S.A.
Eulys E. Nauman	Beverly E. Hatch
(Yes, no. or unknown) (Ifvestrivewerer detectivenica)	7. INFORMANT Address Eulys E. Nauman, 180 Baltimore Ave.
Exercial pals	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. While Not While et work 21. 1 certify that (I) (this hospital) attended the deceased from	PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) Om
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER 5/30/62 Loudon Par	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. Bal	1to. 29, Md. Date

Magain. STATE OF THE STATE OF THE STATE OF Batter II. Talenta Will be to come & to V The same of the sa CHARLES OF STREET Howard-H. Hallbard, 4207 Milanus Laws. Bullet . Hebrard-

funeral thin 24 hours after TO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any system, within 72 hours after death. VR A1S (4) 15M 7/61

MAR	YLAND	STATE	DEPA	RTMENT	OF	HEALT

H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05.518

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission a. STATE b. COUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Dundalk	Dundalk
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENC
6920 Sollers Point Road	6920 Sollers Point Road ON A FARM
NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) FII.A M.	NELSON DEATH May 19 62
. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	Jan. 27, 1897 last birthday) Months Doys Hours Min.
Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
sone during most of working life, even if retired)	
At home	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles W. Rhinehart	Rose B. Allen
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
Yes. no, or unkown) (Ifyesgivewerordetesofservice)	Goom A Nolder COSO Colland Dated Daniel CO
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	scar A. Nelson 6920 Sollers Point Road-22
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	1 Mismitals 4- mgs
HdO, DUE TO	
Conditions, if eny, which (b)	
gave rise to immediate cause	
(e), stering the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS)
TAN III ONEN SIGNATURAN CONDITIONS	PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele)
thou e.m.	ctory, street, office bldg., etc.)
	2000 10 12 2000 16 12
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	at death occured at
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
5 bylow (necessarial	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS // DO A Production
NAME (Type) Stephen C. Mackowiak, M.D.	6714 Hotel Will less 1 84 mis
	OR CREMATORY 23d LOCATION (City town or county) (State)
38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
nemoval (Specify) May 23, 1962 Removal (Specify) May 23, 1962 Baltimore	Cemetery Baltimore, Md.
38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	

12 (1) FIRST SHOWEV

RYLAND STATE DEPARTMENT OF HEALTH on STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boal a. IS RESIDENCE ON A FARM? YES NO TO NAME OF 4. DATE Middle Month Dey DECEASED OF (Type or print) DEATH OR RACE 7. MARRIED 9. AGE (In year 8. DATE OF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED et birthde Months Hours WIDOWED W DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEM NAME ER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkowa) (Ifyesgivewerordetasofservica) 18. CAUSE OF DEATH [Enter only one causa par line for (e), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if eny, which (b) gave rise to immadiate causa DUE TO (e), stating the underlying cause lest. ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO 0 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Engr natural in injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, ' 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) (Stata) Not While factory, streat, offica bldg., etc.) While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion 0 Undetermined menner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER forwar designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 22c. LOCATION (City, Jown, or country (Stete) BROVAL (Spacifi 40 una 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME C. Thurs S. House 5M 7/59

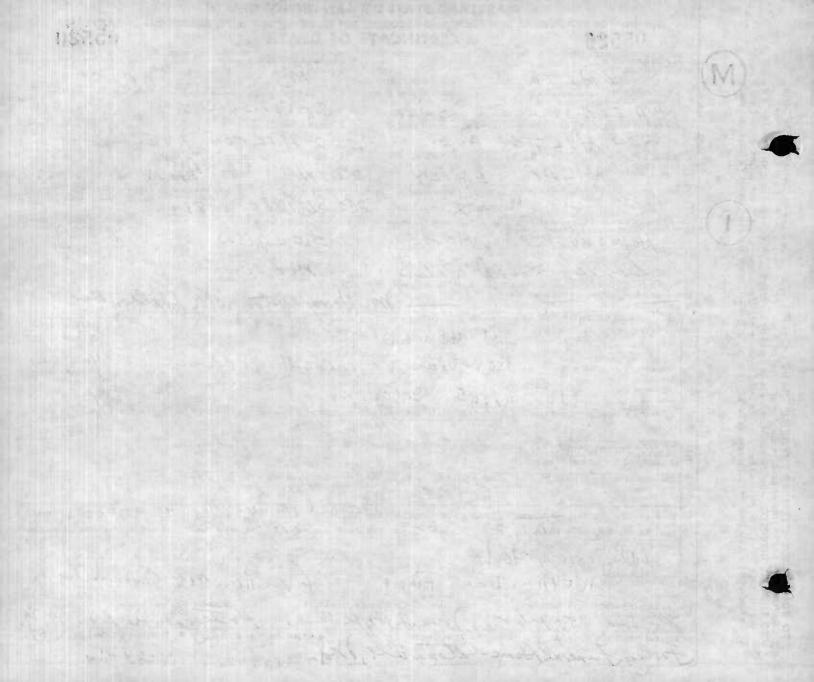
FILIX#314 - THIS WAS REPORTED

ON RECOLAR DEATH CERTIFICATE.

6/6/62 - MB

PRESTON STREET, BALTIMORE 1, MARYLAND 05526 CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town ATONSVILLE ON SUILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 02 YES NO mpletel 3. NAME OF Middle 4. DATE Dey Yeer DECEASED OF (Typa or print) DEATH and cor 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months Devs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during, most of working life, even if retirad) 166 10 USCI 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAMI Address (Yas, no, or unkown) | (Ifyesgivewar or detes of service 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN ONSETAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO scular Heart desense Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bidg., etc. While Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from. M, from the causes and on the date stated above. .., and that death occured at Sits saw the deceased alive on Italy 22e. SIGNATURI 22b. DATE ATTENDING MED. SIGNED PHYS. PHYS. M D 22d. ADDRESS 22c. PHYSICIAN'S 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

0



05527

24. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

05	5	2	1
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	~ ·	CERTIFICA	TE OF BEATT			
PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WO. STATE Maryl	here deceased lived. If inst and b. COUI	ITV	before admission)
b. CITY OR TOWN RURAL and give	N (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wri	te RURAL ond giv	e nearest town)
	atonsville	16 dyas	La Plata,	Maryland	03	8x.2
d. NAME OF HOS	PITAL (If nat in haspital, give stre	et address)	d. STREET ADDRESS	THE SELECTION OF S		e. IS RESIDENCE ON A FARM?
		OSPITAL	NO STREET			YES XXNO
B. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth	Day Year
(Type or print)	James	Legual	Padgett		ay 3	19 6
. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye lost birthdo		YEAR IF UNDER 24 HR
male	white wido	WED DIVORCED	1878, Apr		yrs. Months D	ays Hours Min.
Do. USUAL OCCUPAT	TION (Give kind of work dane 10	b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZE	N OF WHAT COUNTRY
unknown	Farmer -Retir	ed Farming	-unknown	Maryland	U.	S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
unkno	Wn James T. Padg	ett	-unknown	Martha M. Al	brittian	
S. WAS DECEASED E	VER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	NFORMANT		Address	
unlNown	(ii yes, gire wor or oures or service)	unknown	Records: SPR	ING GROVE	STATE H	OSPITAL
18. CAUSE OF D	DEATH [Enter only one couse per	line for (o), (b), ond (c).]				INTERVAL BETWEEN
PART I. D	DEATH WAS CAUSED BY:	Bilateral p	neumonia			ONSET AND DEATH
493	DUE TO					
Conditions, if	ony, which)					
gove rise to	immediate (B - JEWY		
lying cause los	ng the under-					
PART II. C	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITION	GIVEN IN PART 1	PERFORMED?
OR CONTRIBUTION	WAS UNDERLYING 20b. D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of item 18.		
20c. TIME OF INJ	n. 10 Whi	le Nat while fo	LACE OF INJURY (Home, formactory, street, office bldg., etc.		(Car	unty) (Stote
21. I certify t	hat 🏚 (this haspital) atte	nded the deceased fram.	April_ 9_19	62 to May 3	19 62	that (I) (we) las
		3_19_62, and that				
220. SIGNATURE	A 1	tachsler	ATTENDING. N	AED. STAFF IRECTOR PHYS.	5-3-6	22b. DATE
22c. PHYSICIAN'S NAME (Type	S		22d. ADDRESS	SPRING GROVE Catonsville 2		HOSPITAL and
23a. BURIAL, CREMAT		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tox	wn, ar county)	(State)
REMOVAL (Speci	5/5/1962	Mt. Rest Cem	etert	La Plata,	Marylan	nd

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TO FUNERA

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled

detached for use as the buriol-transit permit.

page 3 shauld be detached for use as the the State Board of Health priar to burial,

crematian,

law requires that the death certificate be

Page 4

death. he funeral

filed with director

Pages 1

carbon papers.

Then please remove

ADDRESS

254 REC'D BY REGISTRAR 62

25b. REGISTRAR'S SIGNATURE Cirilwo S. Hrans 15664 Lucia 7 , ----to the last

ND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR. MEDICAL EXAMINER'S H DFPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. write RURAL and give neerast town) SVILLE IKESVILL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) Por . IS RESIDENCE ILFORD MILL RD ON A FARM? refained NO Z 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 1960 and 3 to 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In yeers IF UNDER 24 HRS. IF UNDER 1 YEAR last birthday) Months WIDOWED [DIVORCED 2,2 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page an 72 Pages 1, done during most of working life, even if retired) ASSESSOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHENOWETH 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) PEARCE 733 MILTERD MILL RD. EDITH C. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DIAL TNFARCTION PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I pluods 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury In Part I or Pert II of ilem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Homa, farm, Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work to the orwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry and in my opinion Natural causes 2 Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER forwar designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL xecute DEPUTY MEDICAL EXAMINER TO Address (Strael, city, town, of co EXAMINER'S WILL 19737 should 22a, BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) Burial (Specify) May 7,1962 St. Thomas Owings Mills, Md. 940 ō ADDRESS 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME J.F. Eline & Sons. M. Reisterstown. Md. arthur S. Kraus 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidanca balore edmission) a. COUNTY b. CQUNTY Connecticut MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearest town) 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middla Dey Year complet DECEASED OF (Typa or print) DEATH and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days WIDOWED A DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes give wer or detas of service 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gava rise to immediata cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De, PLACE OF INJURY (Home, ferm, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2Df. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from...... to. saw the deceased alive on...... 22b. DATE 22a. STONATURE SIGNED **ATTENDING** STAFF DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stata) 高 0 REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 1SM 7/61 arthur S. Hrave

RYLAND STATE DEPARTMENT OF HEALTH

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2 1	MARYLAND STATE	DEPARTMENT OF HEALTH	
TOD OTHER	O Siriston of STATISTICAL RESEARCH AND RECORD		ARYLAND
FUR STATE	MEDICAL EXAMINER	S CERTIFICATE OF DEATH	119949
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara deceased lived, If institution: Re	sidence before admission)
A disagram	Baltimore MARYLAND	Mariotand b. county	Himore
files.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	
s nece rector. your f your f ih.	Parkville	X Paylereillo	
l dir	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
state after	3002 Woodside Avenue #3h	3002 Woodside Avenue #31	YES NO
	3. NAME OF First Middla Middla	Lest 4. DATE Month	Day Year
o the o the the the the tours	(Type or print) W. Arthur Phillip	D.P. H. PP.L.	1962
leath d 3 to ay b with 72 t		. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
LE Z L	74.7	uly 12, 1901 last birthday) Months De	ys Hours Min.
after 7, 2, 3 3e 5 and withi	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)		EN OF WHAT COUNTRY?
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40 < 40	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Give P M. File pa	W. Arthur Phillips, Sr.	Hallie ?	
三 2 2 1 5 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
ted with with permi		s. F. Audrey Phillips- 3002 Wood	side Avenue #3
D to the	18. CAUSE OF DEATH [Enter only one cause per had or (a), (b), end (c).]	0/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	INTERVAL BETWEEN
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d be expending the pending of the pe	PART I. DEATH WAS CAUSED BY:	I Warend of Chest	SUSCENTIAL
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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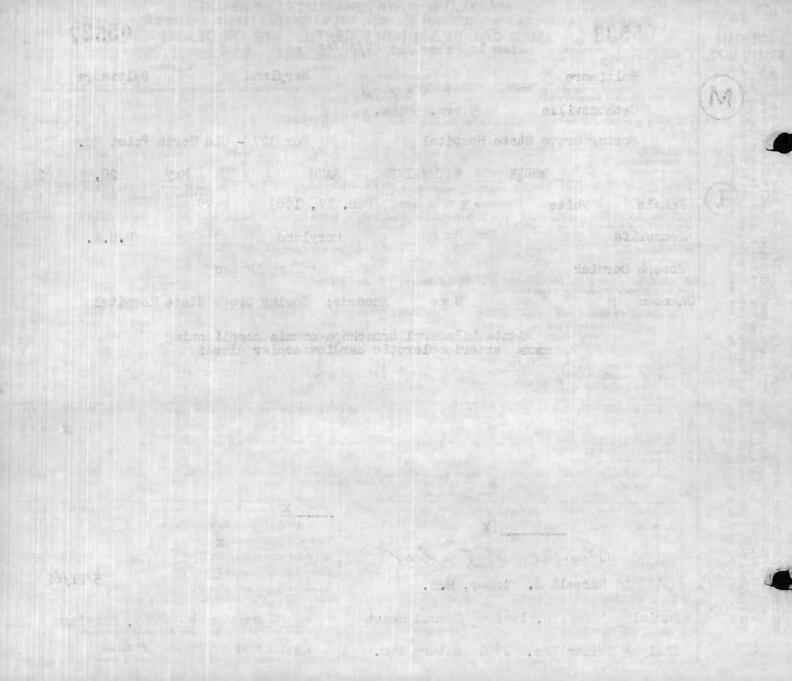
Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY BALTIMORE, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Bulk o. STATE 27 THO PRHILL PD. LUTHERY (LLE, MD)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LUTHER VILLE, MD. 4 YEARS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LUTHERVILLE, MARY LAND.
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION THORN HILL アカーノンリナナ・ハ MD・	J. STREET ADDRESS J. THOPH HILL TOD., LUTH, MD. ON A FARM? YES NO W
	3. NAME OF DECEASED (Type or print) CLAPENCE EDUARD	PUSEY, SP. 4. DATE Month Doy Year DF 1962
	MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 6. 8 yrs. 1 F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAVESMAN CANULUGE	HAVRE DE CPACE, MD 12. CITIZEN OF WHAT COUNTRY
	CLARENCE . CRAHE PUSEY	MATTLE PARKER
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If [Yes, no. or unknown] [If yes, give wor or dates of service] 074-07-1487M1	NFORMANT Address 27 THOPHHILL PS. MARGARET PUSEY RD.; LUTH.; MD
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) URE M	(A • INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) ATTEMOSO	LEPOTIC HEART DISE- 18 HPS
	couse (o), stoling the <u>under-</u> DUE TO lying couse lost. (c)	ASE.
	NONE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?
	UF EITHER, NOTIFY MEDICAL EXAMINER)	O. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foc work of work of work of work	CCE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) lory, street, office bldg., etc.)
		occurred at 9: 35PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ADDRESS (Street, city or town, stole) DATE SIGNED ADDRESS (Street, city or town, stole)
	PHYSICIAN'S PUREN S. SEBASTIAN, M.D.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BREMOVAL (Specify) MAY 29,1962 DULAHEY	R CREMATORY 22d. LOCATION (City, town, or county) (Slote) [] LLEY TIMONIUM: MARYLAND
)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WM (GOK - TOWSON INC YERICR) -)	240. REGID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Quilling & Kings

	DEVELOPED TIATE COLLYNOID
HYAPE RE	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 95.527 FOR STATE 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) b. COUNTY Baltimore . COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Cathonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State Spring Grove State Hospital Box 327 - Old North Point Rd YES NO 3. NAME OF 4. DATE DECEASED OF the (Type or print) ROSTE DEATH KATHERINE RAUH 19 62 Mav 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months and Feb. 17, 1883 Female White WIDOWED X DIVORCED yrs. 20 Pt 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Maryland U.S.A. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Dornick Rosalie Mikulec E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Unknown Records: Spring Grove State Hospital None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Acute bilateral bronchopneumonia complicating and pencil arteriosclerotic cardiovascular disease removal certificate should Conditions, if any, which (b) geve rise to immediate ceuse "pending" Examiner's DUE TO (e), stating the underlying 98 ò nsed cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? å the word YES X NO 4 Medical EXAMINER: This pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) age fectory, street, office bldg., atc.) While Not While Hour e.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion ō MEDICAL forwarded to Suicide death resulted from: Natural causes X Homicide Undetermined manner CHIEF MEDICAL EXAMINER the designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 5/21/62 Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) DEP 220, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Spacify)
Burial 940 p May 24, 1962 Sacred Heart Baltimore County, Maryland 24a. REC'D BY REGISTRAR | 23. FUNERAL DIRECTOR ADDRESS 24b. REGISTRAR'S SIGNATURE VS. AISME MAY 22 '62 Chilmy S. Thank 1901 Eastern Ave. Lilly & Zeiler Inc. 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOS TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

S death.

Yet may be retained by the hospital or attending physician.

Yet DINECAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

		MARYLAN	ND S	TATE	DEP	ART	MENT	OF	HEAL	T
DIVISION OF	STATISTICAL	RESEARCH	AND	RECOR	DS.	301	W. PRES	TON	STREET	۲.

BALTIMORE 1, MARYLAND 05528 05534 CERTIFICATE OF DEATH

-								
1. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where de			nce before admission)
0. 0001111	Baltimore		MARYLAND	e. STATE	Md.	b. COU	"Baltimo	ore
write RURAL end	foutside corporete limits, give neerast town) more (Arbutu		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN Baltimore			a RURAL and give	nearest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (if	not in hosp	pital, give street address)	d. STREET ADDRESS	S	1		e. IS RESIDENCE ON A FARM?
1314	Maple Avenu	ie		XXXXXXXXX	XXXXXX	5534 Car	ville A	VE YES NO X
3. NAME OF DECEASED (Type or print)	First Mamm	nie	Marie	Reese	4. DATE OF DEATH	May	De 29	Yeer 19 6 2
5. SEX	6. COLOR OR RACE 7	. MARRIE	NEVER MARRIED 8	. DATE OF BIRTH	9	. AGE (In yeers	IF UNDER 1 YEAR	
female	white	WIDOWE	DIVORCED J	une 14, 189	0	71 birthday)	Months Days	Hours Min.
10a. USUAL OCCUPATE	ION (Give kind of work rking life, even if retired)	10b. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	unty & State, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY
housewi	fe			Baltimore	, Maryla	and	U.	S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDE	NAME			
Thom	as Mills			Ida Brooks				
	ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17.	NFORMANT		Address		
no	fyes give wer or detes of serv		one Ha	rry N. Rees	e, Sr.,	5534 Ca	rville A	Avenue #27
18. CAUSE OF D	EATH [Enter only one ca	use per li		-01			1 11	NTERVAL BETWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	(hother	he bester	Sun			STAND DEATH
3211V	DUE TO		and have				7	07440
Conditions, if any			Alberal arts	no Schoo	icis -			+400 -
geva rise to immedi	ete ceuse		00		,		-	10
(a), stating the us	nderlying (c)		pokyorchion	- Com	a			5/64S .
PART II. OTHER		ONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	/EN IN PART 1(e)	
) Y								PERFORMED?
	AS UNDERLYING 2	Ob. DES	CRIBE HOW INJURY OCCURED	. (Enter natura of injury i	n Part I or Part I	l of itam 18.)		
		1 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm. ' 20f. (City	y or town)	(County)	(Stata)
20c. TIME OF INJU	KI MOIIII, DOY, TOO	While	Not While fac	ory, street, office bldg., e		Noc	(-52,)	(5.5.5)
	19	at work		06.70	15	AL	5- 63	
	1.	18 12	ded the deceased from			1.		That (I) (we) las
	ed alive on	MELT		death occured at	.I.b.M, from	the causes	and on the	
22e. SIGNATURE	ES ADTIM	J. 10	Jacker "	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNEE
22c. PHYSICIANS NAME (Type)	Frederic	v.	Beitler, M. D.	22d. ADDRESS 1014 Fran	ncis Av	enue, Ha	lethorpe	e 27, Md.
	ON, 236. DATE THEREC	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(Stata)
REMOVAL (Specify) Burial	5/31/62		Loudon Park (emetery	Ralt	imore N	Maryland	
24 FUNERAL DIRECTOR			ADDRESS	2Se. R	EC'D BY REGIS	TRAR 25b. RE	GISTRAR'S SIGN	ATURE
		7 1.7:1	Irong Arronico #5	DATE	MAY 31'	62	Withun S. H	1auA
noward H. H	ubbard, 410/	MIT	kens Avenue #2	. J			1 40, 16	

25500 الماد الماردان المارد

affe	ner	0	1
ENDING PHYSICIAN: The law requires that the death certificate be executed him 24 hours after this physician	D.R. After this certificate has been signed by the attending physician and completely filled in by the funer	e detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-most	of Health prior to high cremation, or removal and in any event within 72 hours after death
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n 2	2.	es 1	ftor
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hat	he	_	VO CO
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P 4	sign	ansi	ation
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ENDING PHYSICIAN: The law requires the triple of the horizon of the the horizon or attending physician	this	d f	Att
NG	fter	sche	I
Q.	× ::	deta	jo
W 5	D I	m	t

4	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. CERTIFICATE OF DEATH	ARYLAND
	CERTIFICATE OF DEATH	1529

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edmission)
e. COUNTY	e. STATE M / b. COUNTY
1.7 pllemore MARYLAND	11/0,
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OK TOWN (If outside corporete limits, write RURAL and give nearest town)
mite RURAL and give neerest town)	Br. 12. 341.4
8. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
d. NAME OF HOSPITAL OK INSTITUTION (IF NOT IN HOSPITAL, giva street address)	ON A FARM?
LIENT NUNSING HOME	117 N. COM/YON/ST. YES NO
3. NAME OF First Middle	Last 4, DATE Month Dey Year
DECEASED	DEATH M/3 1/ 10/2
(Type or print) WENCE ANN NO	19 1/12 /(e) 170 a
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMILA POLY WIDOWED N DIVORCED 1	Maria 194 1890 Past bythday) Months Deys Hours Min.
	700 / 2/,/0/0/
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	11. ARTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWITE	1 AM of Circle I. INV.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Taland Sandin	Autal P
UG7N GORT/3	MNN.
	INFORMANT
(Yes, no, or unkown) (If yes give wer or dates of service)	9/3/ey Reid 117N. Can/ton St.
The common process is	Morey 11610 11/10. Coch 1100 M.
18. CAUSE OF DEATH [Enter only one cause of line for (e), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Constraint PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	weller acredent 6 days
221	
DUE TO A !	1) 22 11 1 1 1 1
Conditions, if eny, which (b) Williamsells	oned - pulled glass
gave rise to immediate cause DUE TO	
tal, stating the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
TY .	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH THE NOTIFY MEDICAL EXAMINER)). (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata)
Hour a.m. Whila Not While et work at work	tory, street, office bldg., etc.)
p.m. 19 er work ar work	1. 11. 6. 6.
21. I certify that (I) (this hospital) attended the deceased from.	Justice 10., 1962 to 1/16, 1802, that (1) (we) last
saw the deceased alive on Must 15 1962, and that	death occurred and the from the gauses and on the date stated above.
2204 SIGNATURE	22b, DATE
ENC HI	ATTENDING MED. STAFF STAFF
Clarine & Collegen M	A.D. PHYS. DIRECTOR PHYS. D May 16/962
22c. PHYSICIAN'S	22A. ADDRESS
NAME (Typa)	Reintersteren Mareland
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMPTERY	OR CREMATORY 23d, AOCATION (City, lown or column (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMPTERY	ALL AND LOCALITY OF THE CONTROL OF T
Surial 0/19/162 1/18 (all the	y cem. Clour ruck //14.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M. 6/07 0//00 : 322 N 3CM	1 Notal 19
I'M Pacel of h. Overson	DATE MAY 21 '62 College & Action
	DATE DATE DE Culling & Thomas

466,000 Kenstenstens I than the LEETER Bear Harm Home and The Till the Complete Com Lieux Ann Shert There THE RESERVE THE SECOND STREET STREET STREET PLASE WATER LENGE SCHOOL ! San All Francis 114026 SERGENTE SEE SEE 18 Economic of the following of the Care State State The Meth & William 322 - Scheely -

may be receded by the TO FUNERAL DIRECTOR: page 3 shauld by

VR A15 (4) 15M 9/59

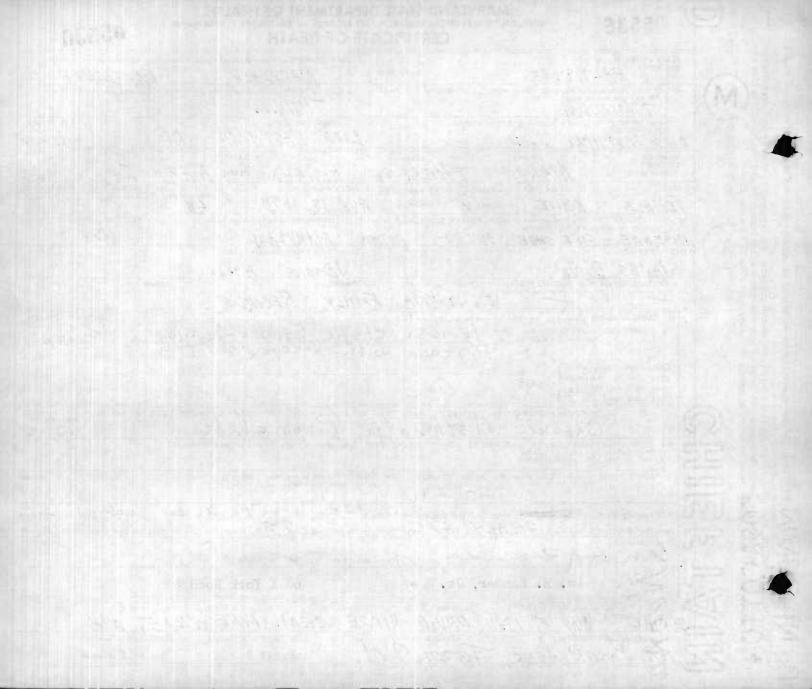
05536

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05530

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY BALTIMORE MARYLAND	O. STATE MARYLAND b. COUNTY BALTIMORE
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 77MCNIVM	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2105 EASTHAM ROAD	1 d. STREET ADDRESS 2105 EASTHAM RD e. IS RESIDENCE ON A FARM? YES \(\subseteq NO \(\mathbb{D} \)
3. NAME OF DECEASED (Type or print) MARY THERESA	Lost 4. DATE Month Day Year OF DEATH MAY 2, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthdoy) 8 yrs. 18 J893 19 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSE WIFE - GIFT SHOP OWNER - RETI	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
* JAMES DOBIN 15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) . (If yes, give wor or dates of service)	VESSIE HALL INFORMANT Address
(18 yes, give wor or dated or service) 216-12-917A	FAMILY RECORDS
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) PROPERTY	ith Decompensation Interval Between Stays
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE CALGUE OF CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT
	RED. (Enter nature of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.)
21. I certify that (1) (# part) attended the deceased from saw the deceased alive an 29/45 - 1962 and that	death accurred at AM, from the causes and on the date stated abave.
220/SIGNATURE Hauver	M.D. ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Type) Wm. H. Kammer, Jr.	22d. ADDRESS 6011 York Road
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL DRVID RIA	OR CREMATORY 23d. LOCATION (City, town, or county) (State) OGE CEM. PIKES VILLE, MP.
24 JUNEAU DIRECTOR'S SIGNATURE ADDRESS ADDRESS TOWNS AME TOWNS MA	DATE MAY 8 162 Cirlly 8, Have

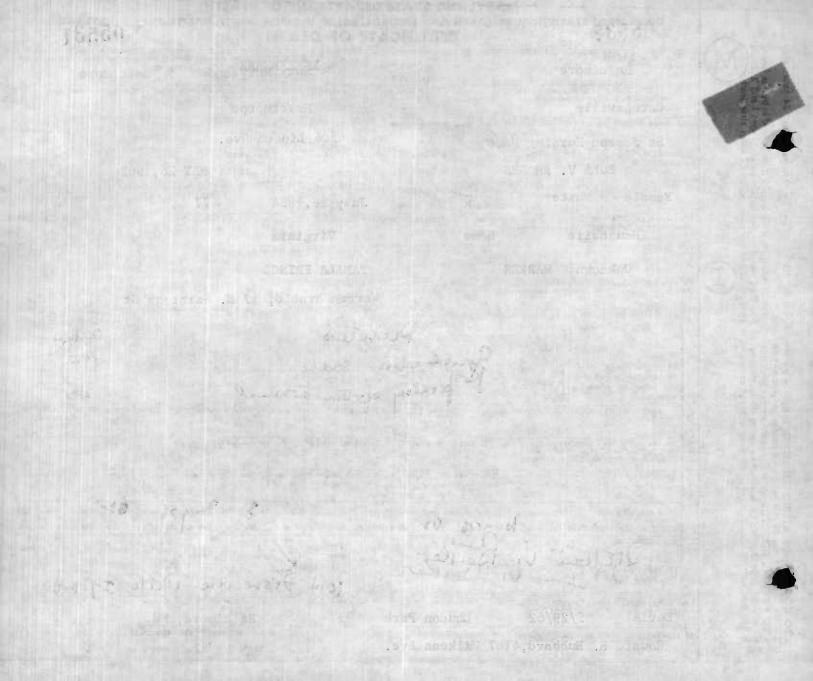


uneral should death. First 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou ATTENDING PHYSICIAN: The law requires that the death certificate be execute and OR TO HOS VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12. USUAL RESIDENCE (Where deceased lived, If institution, Residence before

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Resi	dence before edmission)		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Catonsville	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Halethorpe			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St Joseph Nursing Home	d. STREET ADDRESS 4506 Linden Ave.	o, IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First Middle DECEASED (Type or print) EULA V. RHODES	Lest 4. DATE Month OF DEATH MAY 26,1962	Day Year		
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH July 18,1884 9. AGE (In years lat unit of bears) FUNDER 1 YE wonths December 1 December 2 December 3 December 3 December 3 December 3 December 3 December 4 December 3 December 4 Decem	The second secon		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Home	NY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE Virginia	N OF WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Unknown WARREN	PAMALA PRINCE			
	INFORMANT Address			
	arren Arnold, 17 E. Saratoga St			
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	etes	ONSET AND DEATH		
Conditions, if ony, which (b) Querel orders	Soleros	tqu		
geve rise to immediate cause (e), stating the underlying cause test. DUE TO	boten termed	48		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of Item 18.)			
	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	r) (Steta)		
21. I certify that (I) (this hospital) attended the deceased from	at death occured atM, from the causes and on the			
22a. SIGNATURE	M.D. ATTENDING MED. DIRECTOR STAFF PHYS.	22b. DATE SIGNED		
22c. PHYSICIAN'S NAME (Type)	1014 Francis Ge -Bollo 3	in-mo:		
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUTIAL 5/29/62 Loudon Park	OR CREMATORY 23d. LOCATION (City, town or county) Baltimore, Md.	(Stete)		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howard H. Hubbard, 4107 Wilkens Ave.	DATE MAY 2 9 62 Outly			



15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05538

CERTIFICATE OF DEATH 05539

					11100
1. PLACE OF DEATH	1				esidence before edmission)
Baltimore	MARYLAND	e. STATE Mary	land	b. COUNTY	1
b. CITY OR TOWN (if outside corporete limits,	LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporete lin	nits, write RURAL end	give nearest town)
			е	3 v	01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel,	give streef eddress)				e. IS RESIDENCE ON A FARM?
					YES NO
DECEASED	Middle	Lest	OF	Month	Dey Yeer
diaco ,					
				11 1 1	YEAR IF UNDER 24 HRS.
			74	yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	ty & State, or foreign		ZEN OF WHAT COUNTRY?
	& P.			U	. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	, ,	
Joseph P. Rial			Kriener) /	SREINE.	R
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	IAL SECURITY NO. 17. II	NFORMANT		Address	
		cords : SPR	ING GROVE	STATE I	HOSPITAL
	or (e), (b), end (c).]				ONSET AND DEATH
IMMEDIATE CAUSE (e) Myelo	id leukemia				
204.1 DUE TO					CA TO SERVE
Conditions, if eny, which (b)					
TO THE TO					
ceuse lest. (c)					
PART II. OTHER SEGNIFECANT CONDITIONS CONTRIBE	UTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDIT	TON GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
L Y					YES X NO
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURED.	(Enter neture of injury in F	Pertition Pertill of item	18.)	
Hour e.m. While		ory, street, office bldg., etc.)		
21. I certify that (IX(this hospital) attended	the deceased from	June 3	19.32 to	lay23., 19	62hat (X (we) last
22e. SIGNATURE	^ ^		•		22b. DATE
Skla Wei	clester m	D. PHYS. D		s. 🔀 5-	23-62 SIGNED
22c. PHYSICIAN'S NAME (Type) Stells Wachsler	M D				
	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county	(Stete)
1911RIAL 3/26/62 N	ew AThe	dRAh	BALT	IMORG	e Ind.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC	AY 2 5 62		
X. J. Kuck Inc 5305	HARFORC	A CO DATE		Circhian a	1. Tirans
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not In hospite), SPRING GROVE STATE HOSPIT 3. NAME OF First DECEASED (Type or print) Grace 5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED 100. KIND (Give kind of work done during most of working life, even if retired) telephone operator C 13. FATHER'S NAME JOSEPH P. Rial 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hyesgive werordeles of service) UNKNOWN 18. CAUSE OF DEATH (Enter only one ceuse per line in the county of the	Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give necess) town) Catons ville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streef eddress) SPRING GROVE STATE HOSPITAL 3. NAME OF DECEASED (Type or print) Grace 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Middle DECEASED (Type or print) Grace 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retified) telephone operator C & P. 13. FATHER'S NAME JOSEPH P. Rial 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes) ive worked elessof service) Unknown 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH (Enter only one ceuse per line for (e), (b), end (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH (IF ETHER) DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Dey, Yeer While Not While Not While	Baltimore b. CITY OR JOWN (if outside corporate limits, write REVAL end give nearest town) Cators ville c. CENGTH OF STAY IN 1b 29yr9mth20dys Baltimor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streef eddress) SPRING GROVE STATE HOSPITAL 3. NAME OF DECRASED (IYpe or print) Grace 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED C. Rial 10c. USUAL OCCUPATION (Give kind of work and one during most of working life, even if relitred) telephone operator C & P. Maryla 13. FATHER'S NAME JOSEPH P. Rial 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or undown) (Ifyesgive word delead service) UNICHOWN 18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. Myeloid leukemia DUE TO Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying ceuse lest. DUE TO Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (b) DUE TO Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (b) While Not While work elevent eleven	b. CITY OR TOWN I(I outside corporate limits, write RURAL and give necessate won 29 yr 9 mth 20 dys d. NAME OF DOUBLE AND STATE HOSPITAL 20 dys corporate limits write RURAL and give necessate which will be composed to the composed of the corporate limits with RURAL and give necessate with the composed of the corporate limits with RURAL and give necessate with the composed of the corporate limits with RURAL and give necessate with the composed of the corporate limits and the corporate limits with RURAL and give necessate with the corporate limits and the corporate l	Baltimore b. CIVY OR TOWN If obtide compores limits, write RURAL and give nearest levely c. CLENGTH OF STAY IN 16 29 yr 9mth 20 dys d. NAME OF HOSTIAL OR INSTITUTION (if not in hospite), give street eddress) d. NAME OF HOSTIAL OR INSTITUTION (if not in hospite), give street eddress) SPRING CROVE STATE HOSFITAL 3. NARBE OF BIRT OR OR OF THE HOSFITAL 5. SEX 6. COLOR OR RACE 7, MARBIED NEVER MARBIED NOT BIRT OF BIRTH May 2. 10. SUSUAL OCCUPATION Give Mide of Work of the property of

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05539

CERTIFICATE OF DEATH 05533

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before add	mission)
Baltimore MARYLAND	e. STATE Med.	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)	
Mural- Cockeysville 18 yrs.	Baltimore 3101.4	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESI	
Md. Masonic Home	301 Westweed 14 Ve. YES _ N	
3. NAME OF First Middle	De Last 4. DATE Month Dey Yeer	
	RICE DEATH May 1 196	2
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 2 lest birthdey) Months Deys Hours	4 HRS. Min.
remale white widowed A DIVORCED	Aug (1, 1880 81 yrs. Mollins boys Hours	/V(III.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?
Housewite	Howard Co, 1112. USA.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas C. Maxwell	Annie Parlow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordalesofservice)	INFORMANT Address	
	Masonic Home Records - Cockeysbille M.	21.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWONSET AND DE	ATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Condrawy This	iombosis lyt.	
420.1 DUE TO		
Conditions, if eny, which) (b) Authiosclandt	le Cevalre vos auton descino gra.	
geve rise to immediate cause (e), stating the underlying DUE TO		
ceuse lest. (c)		
10	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFOR!	
3 Diabetes Millettes		0 1
	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
U		tote)
Hour e.m. While Not While p.m. 19 et work et work	ctory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	Oct , 1961 to May , 1962 that (1) (w	re) lasi
	at death occured at J. 35M, from the causes and on the date stated	
22e. SIGNATURE	/22b.	DATE
Elisabet / Sherill	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 5/1/6	SIGNED
22c. PHYSICIAN'S - Late B. Shenn: 11 A	22d. ADDRESS	
[1700 E 1/2ab E 19 10, SA EAR, 11 17	O Cockeysv. 112 11d	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		e)
BURIAL (Specify) 5-4-62 Green Mount		
Wm. Cook, Inc., 1217 St. Paul Street, Baltim	nore 2 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
,,	DATERY & 162 Cirthur S. France	

E Coou Mary Walson C Head Frankly Ut-mile The the said the said of the said the said of the said of the ות במתו אסיות ביות ביות w. Good, in., 1217 St. Paul Street, Cale More 2 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

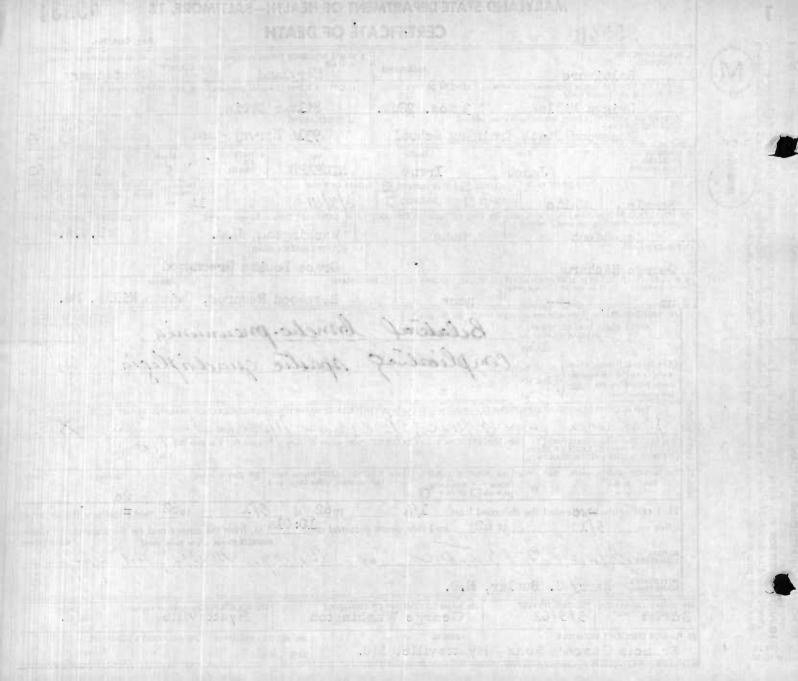
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DEA	TH		-	_

CERTIFICATE OF DEATH

	O R U				keg. Dist. No.
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (WI	nere deceased lived. If institutio	n: Residence befare admission)
	timore	MARYLAND	Marylar	nd b. COUNTY	Montgomery
b. CITY OR TOWN RURAL ond give	(If outside corporate limits	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RL	RAL and give nearest town)
	ngs Mills	3 mos. 28da.	Silver	Spring	1529.2.
d. NAME OF HOS	PITAL (If not in haspital, giv	ve street address)	d. STREET ADDRESS		e. IS RESIDENCE
Ros	sewood State	Training School	9316 H	arvey Road	ON A FARM? YES NO NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont	h Day Yeor
(Type or print)	Jane	t Irene	RICKARD	DEATH 5	1 19 62
5. SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female		WIDOWED DIVORCED	8/3/47	lost birthday)	Months Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work do	one 10b. KIND OF BUSINESS OR INDL	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
	orking life, even if retired)	none	Washingto	n D.C.	U.S.A.
13. FATHER'S NAME	endent	none	14. MOTHER'S MAIDEN N		0,00,00
				uise Greenwood	
George F		ES? 16. SOCIAL SECURITY NO. 17.	NFORMANT	Addre	nee .
Yes, no, or unknown}	(If yes, give wor or dates of ser	vice)			
no	***************************************	none	nosewood	Records, Owing	
		se per line for (a), (b), and (c).]	Pari 1		INTERVAL BETWEEN
TORY I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Dilateral	wincho-	proumenca	Holane
352	X DUE TO	. 1 = -	-		2
Conditions, if	any, which } (b)	Complicating	Sparler	cuadrite	2019 Im
gave rise ta		1		7	
lying couse los	g rne <u>unger-</u>				
Z PART II. C	THER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY
Sent II. C	degenerative		lisapus W	1 0 1 .	PEREOPMED?
		20b. DESCRIBE HOW INJURY OCCURRE	D Afeter nature of injury in 1		VES NO [
20a ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS ÚNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	NO. DESCRIBE NOW INJOH! OCCURRE	D. Agrica Holore of Inforty In C	or you rail it or them to.)	190)
3 20c. TIME OF INJ		20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City or town)	(County) (Stote)
20c. TIME OF INJI	10	While Nat while at work at work	ctory, street, office bldg., etc.	.)	
		3/1	. 1962 ta	5/1 1962	W G
	that-was ended the			1907	,that Flast saw the decease and an the date stated above
alive an	241	, 19 02 , and that death			
ACTUAL	11 6	B -11/	10	ADDRESS (Street, city or town, s	lole) DATE SIGNE
SIGNATURE	Jarry 1	Duner	M.D. Wirin	75 111200	14 2/3/62
PHYSICIAN'S NAME (Type)	Harry G. But	cler, M.D.	/		
BURIAL, CREMAT	10N, 22b. DATE THEREOF 5/3/62	22c. NAME OF CEMETERY C	or CREMATORY Lishington	22d. LOCATION (City, lown, or Hyatts ville	(county) (State)
23. FUNERAL DIRECTO	PR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
Francis	Gasch's Son	s Hyattsville N	Ad.	WAY A 162 C	athur & House

VS A15 (4) 15M 10/57



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e funeral director. Pagarent for your files. e. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town) write RURAL end give neerest town) Baltimore Harrisonburg Expressway d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 530 E. 20th Street State B YES NO NAME OF 4. DATE Month DECEASED OF 19 1962 (Type or print) CHARLES RICKS DEATH 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years | IF UNDER 1 YEAR with 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 2, and 3 a 5 may nd 2 with last birthday) Months Hours WIDOWED colored DIVORCED male 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 1002402 pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. ogunkown) | (Ifyes give werer detes of service) office along with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY Multiple traumatic injuries to head and neck IMMEDIATE CAUSE (e) and trunk DUE TO Conditions, if eny, which gave rise to immediate cause 10 DUE TO (e), steting the underlying execute the certificate, writing the word "pending ld be forwarded to the Chief Medical Examiner' NERAL DIRECTOR: Page 3 should be used as cause last. cremation, o Partia] (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? YES JOK NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part If of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY KOOT CONTRIBUTING Passenger in automobile that hit Seminary Avenue Bridge abutment CAUSE OF DEATH. ves Year Harrisonburg Francessway (Home, form, 20c. TIME OF INJURY Month, Dey, 20f. (City or lown) (County) (Stele) factory, street, office bldg., elc.) Baltimore Co. Md. 62 et work el work Highway rded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry | and in my opinion Natural causes Accident XX Suicide Homicide Undefermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINEROS DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER May 19, 1962 R. Breitenecker. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY (Stele) REMOVAL (Specify) ò 240 240. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Oshur & Krous

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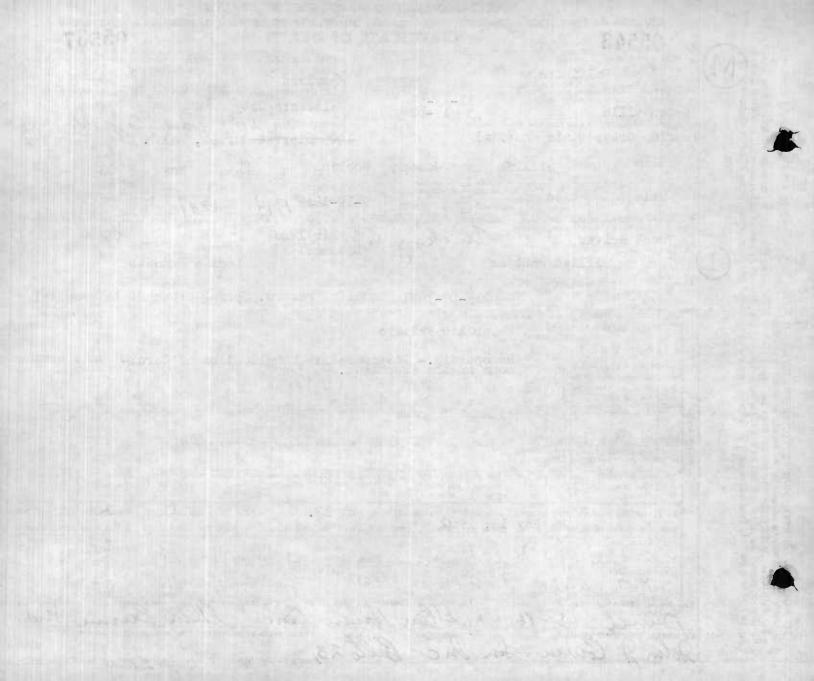
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1	6	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- EP		05543 CERTIFICATE OF DEATH 05537
hours after the funeral d 2 should	M)	1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where decessed lived, Il Institution: Residence before admission) b. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed lived, Il Institution: Residence before admission) b. COUNTY Baltimore
of filled in by the standing of the filled in by the following after death	14	b. CITY OR TOWN (il outside corporate limits, write RURAL and give nearest town) Catons ville d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress) Spring Grove State Hospital c. CITY OR TOWN (ill outside corporate limits, write RURAL and give nearest town) Baltimore City 30. d. STREET ADDRESS 2//7 Catholic Grove State Hospital c. CITY OR TOWN (ill outside corporate limits, write RURAL and give nearest town) Baltimore City 30. ON A FARM? YES NO X
executed completely in papers		3. NAME OF DECEASED (Type or print) William Joseph Robbins 4. DATE Month Day Yeer OF DEATH May 13 19 62
and and carbo		5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers lest birthdey) Months Deys Hours Min.
certificate physician remove c		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or loreign country) USA USA
death ding p please	(T	William Robbins 14. MOTHER'S MAIDEN NAME Louise Bennett
he after Then noval.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Illyesgivewarordelesolservice) 215-05-1621 Hospital record. Spring Grove State Hospital
uires thysician.		18. CĂUSE OF DEATH [Enter only one ceuse per line lor (e), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Cardiac Failure IMMEDIATE CAUSE (a)
The law required attending phase been signed burial-transit		Conditions, il any, which gever isse to immediate ceuse (a), steling the underlying cause lest. Conditions, il any, which specified to the esophagus. DUE TO Hemoptissis Postoperative complication of Carci- Undetermined Out to
YSICIAN: hospital or certificate h	0	(u)
PHYSIC the hospi this certifi for use		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ned by After Jetache		20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) While Not While et work at work 19
ATTEN be retail CTOR		21. I certify that (1) (this hospital) attended the deceased from Nov. 13
L OR 4 may L DIRE		228. SIGNATURE 228. SIGNATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 3, 13.1962
HOSP FUNERAL ector, page filed with t	-	22c. PHYSICIAN'S NAME (TYPO) TRUDE J. FLEISCHITANN Syring Grove ST. 4, Cotorvilee
death. TO FUN director be filed		233. DURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 28d. LOCATION (Sity, town or gunty) Living S-16-6 7 Here Haven Cem 28d. LOCATION (Sity, town or gunty) Living Street Haven Cem 28d. LOCATION (Sity, town or gunty) Living Street Haven Cem 28d. LOCATION (Sity, town or gunty) Living Street Haven Cem 28d. LOCATION (Sity, town or gunty)
VR A15 (4) 15M 9/60		John J. Cowan & Son Suc - Ballo 23, DATE 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 268. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 268. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	30	Cathur S. Mans



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05544 (O 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad livad, If institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore BALTIMORY MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporete limits, write RURAL end give neerest lown) é write RURAL end give nearest town) Rural - Pikesville, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street adrass) e. IS RESIDENCE 8 MARINE AVENCIE ON A FARM? Mt. Wilson State Hospital YES NO NAME OF complete Middla DATE Month Year DECEASED DEATH (Type or print) 1962 AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) and Months Hours car WIDOWED [DIVORCEO USUAL OCCUPATION (Give kind of work 10b. KINO OF BUSINESS OF INDUSTRY | 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? remove during most of working life, avan if ratirad) CANADA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ā (Yas, no, or unkown) Hospital Records, Mt. Wilson State Hospital INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY /UBERCULOSIS MONARY USAR IMMEDIATE CAUSE (a) **OUE TO** Conditions, if eny, which " (b) gava risa to immadiate ceuse **OUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)) 19. WAS AUTOPSY PERFORMEO? as 0 NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, olfice bldg., atc.) While Not While Hour a.m. at work et work OR: saw the deceased alive on MAY 5 1962 and that death occurred a STM, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MEO STAFF PHYSICIAN SLVETTING PHYS. DIRECTOR PHYS. M.D. 22d. AOORESS Wilson State Hospital, Mt. Newcomer, M.D. Superintendent Wilson, Md. (State) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Md. Eastern Ave. Oak Lawn OF 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) arthur & three 15M 9/60 DUDA 7922 Wise Ave. 22. Md.

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	. PLACE OF DEA	me 7			ATE OF					553	
	a. COUNTY				e. STAT			b. COU			edmission)
/ -		Baltimore		MARYLAN	ID	Mary	land			imore	
	b. CITY OR TOWN	(if outside corporate limit and give nearest town)	ts,	c. LENGTH OF STAY IN	1b c. CITY	OR TOWN (If	outside corpo	rate limits, writ	e RURAL end give	neerest to	vn)
	Catons				X		nsville	9			
	d. NAME OF HOS	PITAL OR INSTITUTION (in	f not in hospit	tal, give street address)	d. STREE	T ADDRESS					A FARM?
		orthdale Roa	.d			6159	North	dale Ro	ad		NO X
3	NAME OF DECEASED	First		Middle	Lasi		4. DATE OF	Mont		Yes	r
	(Type or print)	Ellen		I.	Rogers		DEATH	May	31	19	62
3	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	RTH	9.	AGE (In years	IF UNDER 1 YEAR		24 HRS.
	Female	White	WIDOWED		Oct. 11	, 1884		last birthday) yrs.	Months Days	Hours	Min.
1	Os. USUAL OCCUPA	ATION (Give kind of work working life, even if retired	10b. KINE	D OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (County	& Stete, or fo	oreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	At Home	working lite, even it renired	0)		Ma	ryland			II	SA	
1	3. FATHER'S NAME					S'S MAIDEN N				D 11	N. C.
L	David A	rmstrong Dix	on		Ma	rv Ame	lia Dav	ris			
1	5. WAS DECEASED I	EVER IN U.S. ARMED FOR	CES? 16. 50	DCIAL SECURITY NO.				Address			
1	Nes, no, or unkown)	(If yes give wer or dates of se	ervice)		Mrs. Jos	seph C.	Overs	treet.	6159 Nor	thdal	e Road
-		DEATH [Enter only one	cause per line	o for (e), (b), and (c).}		opii o	0,020	02.000	IIN	TERVAL BE	TWEEN
		ATH WAS CAUSED BY:		TEUMAYER	: 0	******				NSET AND	DEATH
	1127	IMMEDIATE CAUSE (e)_			715	WFATA	21160	11	PERCHAIL	5	
	Toda.	DUE TO	u	ceens-		/					
	Conditions, if a	ny; which (b)	in								
	gave rise to imme	diate cause	K)	11148688	- CCR	Gm 1x	2				
	(e), stating the	DIJE TO	K)				11			ť	
7	(e), stating the cause last.	underlying DUE TO (c)_	A P.V	ranivse	C \$ 12151	e Ca	melis c	ISCUI.	DR MISES	L. C.	UTOPEY
NOIL	(e), stating the cause last.	DIJE TO	A P.V	ranivse	C \$ 12151	e Ca	melis c	ISCUL ONDITION GIV	DAV MISCA	PERF	PRMED?
FICATION	(e), stating the cause last.	Underlying DUE TO (c)_ IER SIGNIFICANT CONDIT	TIONS CONTR	TO IN SERIBUTING TO DEATH BU	C \$ /2/0 /	the termin	AL DISEASE C		0 10 13 63, VEN IN PART 1(a)	19. WAS PERFO	AUTOPSY DRMED? NO
FRTIFICATION	(e), stating the cause last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTION	UNDERLYING G CAUSE OF DEATH	TIONS CONTR	ranivse	C \$ /2/0 /	the termin	AL DISEASE C		DIE JASES	PERF	PRMED?
AL CERTIFICATION	PART II. OTH	Underlying DUE TO (c)_ HER SIGNIFICANT CONDIT WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER)	TIONS CONTR	RIBUTING TO DEATH BU	C \$ 1255 / T NOT RELATED TO	THE TERMINA	AL DISEASE C	of item 18.)		PERF	NO T
_	PART II. OTH	UNDERLYING CAUSE OF DEATH TY MEDICAL EXAMINER) JURY Month, Dey, Yee	TIONS CONTR	RIBUTING TO DEATH BU	C \$ /2/0 /	THE TERMINA of injury in Pe	AL DISEASE C	of item 18.)	PR 115 CF	PERF	PRMED?
MEDICAL CERTIFICATION	PART II. OTH	UNDERLYING CAUSE OF DEATH TY MEDICAL EXAMINER JURY Month, Dey, Yee	20b. DESCR	RIBUTING TO DEATH BURNER HOW INJURY OCCURRED 20e Not White 20e	T NOT RELATED TO	THE TERMINA of injury in Pe	AL DISEASE C	of item 18.)		PERF	NO T
	PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour a.m p.m	UNDERLYING CAUSE OF DEATH TY MEDICAL EXAMINER JURY Month, Dey, Yee	20b. DESCR	RIBUTING TO DEATH BURNER HOW INJURY OCCURRED 200 Not White et work	T NOT RELATED TO	of injury in Pe	AL DISEASE C	of item 18.) or town)		YES T	ORMED? NO (State)
	PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour a.m p.m 21. certify	UNDERLYING CAUSE OF DEATH TY MEDICAL EXAMINER JURY Month, Dey, Yee 19	20b. DESCR 20d. IN. While at work [al) attende	RIBUTING TO DEATH BURNER HOW INJURY OCCURRED 200 Not White et work	T NOT RELATED TO	of injury in Per (Home, ferm, ce bldg., etc.)	AL DISEASE C	of item 18.)	(County)	YES PERFO	ORMED? NO (Stete) (We) last
	PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour a.m p.m 21. certify	Underlying DUE TO (c) HER SIGNIFICANT CONDIT WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this bospit ased alive on	20b. DESCR 20d. IN. While at work [RIBUTING TO DEATH BURNEL AND THE PROPERTY OCCURRED 200 Not White of work at the deceased fr	T NOT RELATED TO	of injury in Per (Home, ferm, ce bldg., etc.)	al DISEASE C	or town)	(County)	YES PERFO	ORMED? NO (Stete) (We) last
	PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIR 20c. TIME OF IN Hour a.m p.m 21. certify saw the dece	Underlying DUE TO (c) HER SIGNIFICANT CONDIT WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this bospit ased alive on	20b. DESCR 20d. IN. While at work [RIBUTING TO DEATH BURNEL AND THE PROPERTY OCCURRED 200 Not White of work at the deceased fr	T NOT RELATED TO	of injury in Per (Home, ferm, ce bldg., etc.)	al DISEASE C	of item 18.)	(County)	YES PERFO	(Stete) (We) last d above.
	(e), stating the cause last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER NOTIN 20c. TIME OF IN Hour a.m p.m 21. Certify saw the dece 22e. SIGNATURE 22c. PHYSIONAN	Underlying DUE TO (c) IER SIGNIFICANT CONDIT WAS UNDERLYING COUNTY CAUSE OF DEATH TY MEDICAL EXAMINER) JURY Month, Dey, Yee 19 That (I) (this bospit ased alive on	20b. DESCR 20d. IN. While at work [RIBUTING TO DEATH BURNEL AND THE PROPERTY OCCURRED 200 Not White of work at the deceased fr	JRED. (Enter neture PLACE OF INJURY factory, street, office that death occur ATTEND	of injury in Per (Home, ferm, ce bldg., etc.)	AL DISEASE CONTROL OF LOS PORTIONS AND L	of item 18.) or town) the causes	(County)	YES PERFO	(Stete) (We) last d above.
	PART II. OTH 20a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF IN Hour a.m. p.m. 21. certify saw the dece 22e. SIGNATURE	Underlying DUE TO (c) IER SIGNIFICANT CONDIT WAS UNDERLYING COUNTY CAUSE OF DEATH TY MEDICAL EXAMINER) JURY Month, Dey, Yee 19 That (I) (this bospit ased alive on	20b. DESCR 20d. IN. While at work [RIBUTING TO DEATH BURNEL AND THE PROPERTY OCCURRED 200 Not White of work at the deceased fr	T NOT RELATED TO JRED. (Enter neture PLACE OF INJURY factory, street, office) om	of injury in Per (Home, ferm, ce bldg., etc.)	20f. (City	or town) the causes STAFF PHYS.	(County) 9, 196.7. and on the d	YES PERFO	(Stete) (We) last d above.
MEDICAL	(e), stating the cause last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN Hour a.m p.m 21. certify saw the dece 22e. SIGNATURE 22c. PHYSIGNAN NAME (Typ) 3a. BURIAL, CREMA	Underlying DUE TO (c) HER SIGNIFICANT CONDIT WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this bospit ased alive on	20b. DESCR 20b. DESCR While at work [all) attende	RIBUTING TO DEATH BURNER HOW INJURY OCCURRED 200 Not White et work ded the deceased fr	JRED. (Enter neture PLACE OF INJURY factory, street, office that death occur M.D. ATTEND PHYS. 22d. AL	of injury in Per (Home, ferm, te bldg., etc.) Ing Manager Man	20f. (City to) M. from ED. M. From	of item 18.) or town) the causes	(County) 196.7 and on the d	YES PERFO	(Stete) (We) last d above.
IADROM	(e), stating the cause last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour a.m p.m 21. certify saw the dece 22c. SIGNATURE 22c. PHYSIGIAN NAME (Typ. NAME (Typ. NAME (Typ. PHYSIGIAN NAME (Typ. NAME (Typ. PHYSIGIAN NAM	Underlying DUE TO (c) IER SIGNIFICANT CONDIT WAS UNDERLYING G CAUSE OF DEATH TY MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this bospit ased alive on	20b. DESCR 20d. IN. While of work [al) attende	RIBE HOW INJURY OCC JURY OCCURRED 20e Not White et work et he deceased fr 19	T NOT RELATED TO	of injury in Per (Home, ferm, te bldg., etc.) Ing Manager Man	20f. (City	or town) the causes STAFF PHYS. ITON (City, to	(County) 196.7 and on the d MOS Man or county)	YES Hat (I) late state	(Stete) (We) last d above.
2	(e), stating the cause last. PART II. OTH 20a. ACCIDENT OF CONTRIBUTING (IF EITHER, NOTIFE CONTRIBUTION) 20b. TIME OF IN Hour a.m. p.m. 21. Certify saw the dece 22e. SIGNATURE (Typ. 22c. PHYSIONAN NAME (Typ. 23a. BURIAL, CREMAREMOYAL (Specific REMAREMOYAL (SPEC	Underlying DUE TO (c) IER SIGNIFICANT CONDIT WAS UNDERLYING CONDIT WAS UNDERLYING DEATH TY MEDICAL EXAMINER JURY Month, Dey, Yee That (I) (this bospit ased alive on	20b. DESCR 20d. IN. While of work [al) attende	RIBUTING TO DEATH BURNING TO DEATH BURNI	T NOT RELATED TO	of injury in Per (Home, ferm, re-bidg., etc.) ING MI DORRESS	20f. (City 20f. (City 5M, from ED. 22d. LOCA Pikes	or town) the causes STAFF PHYS. ITON (City, to	(County) 196.7 and on the d	YES PERFO	(Stete) (We) last d above.
IN TACKS	(e), stating the cause last. PART II. OTH 20a. ACCIDENT NO CONTRIBUTING (IF EITHER, NOTIE) 20c. TIME OF IN Hour a.m. p.m. 21. Certify saw the dece 22c. SIGNATURE 22c. PHYSICIAN NAME (Typ. 3a. BURIAL, CREMAREMOVAL (Special Burial 4 FUNERAL DIRECTO	Underlying DUE TO (c) IER SIGNIFICANT CONDIT WAS UNDERLYING CONDIT WAS UNDERLYING DEATH TY MEDICAL EXAMINER JURY Month, Dey, Yee That (I) (this bospit ased alive on	20b. DESCR 20d. IN. While of work all attende 20f. 1962	RIBE HOW INJURY OCC JURY OCCURRED 200 JURY OCCURRED 200 ON ON White of work 19	T NOT RELATED TO	of injury in Per (Home, ferm, re-bidg., etc.) ING MI DORRESS	20f. (City to) 20f. (City to) 20f. from ED. RECTOR 23d. LOCA Pike:	of item 18.) or town) the causes STAFF PHYS. TION (City, to	(County) 196.2 and on the d What or county) Maryland	YES PERFO	(Stete) (We) last d above.

MARYLAND STATE DEPARTMENT OF HEALTH

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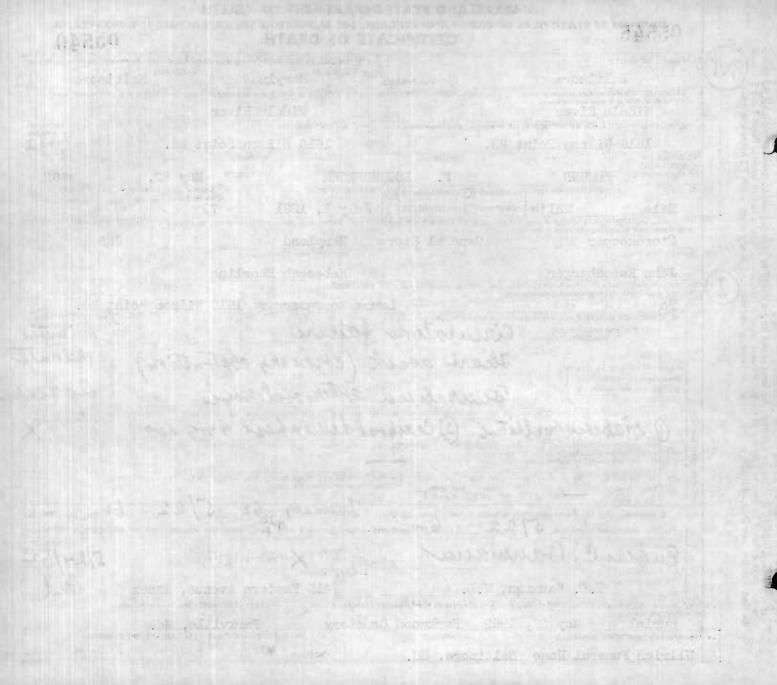
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ON A LENDING THE SECOND OF THE SECOND OF THE SHEET OF THE	VINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	pln	1
rs a	fune	ctor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	illed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
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	05346 CERTIFICAL RESEARCH AND RECOR	DS, 301 W. PRESTON STREET, BALTIMORE 1, M TE OF DEATH (15540
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a, STATE b. COUNTY b. COUNTY	sidence before admission
1	Baltimore MARYLAND	Maryland Balt	imore
,	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Middle River	c. CITY OR TOWN (If outside corporate limits, write RURAL end Middle River	give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE
	1616 Wilson Point Rd.	1616 Wikson Point Rd.	YES NO X
ľ	3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer
	(Type or print) EDMUND F. ROSE	NBERGER DEATH May 22.	1962
ŀ	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
1	27 7 200 11	last birthday) Months Di	Bys Hours Min.
-		, , , , , , , , , , , , , , , , , , ,	EN OF WHAT COUNTRY
	done during most of working life, even if retired)		
-	Storekeeper General Store		SA
ı	CONTRACTOR OF THE PARTY OF THE	14. MOTHER'S MAIDEN NAME	
1	John Rosenberger	Rebeccah Eberline	
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Ifyesgive war or dates of service)	INFORMANT Address	
	NoLa	ura Rosenberger 1616 Wilson Poin	t Rd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CITCULOLOTY	failure	munte
I	11 ~ .		M 7
	Conditions, if any, which \ (b) Theart afair	E (coron ery obstruition)	ma unt
	Conditions, if any, which gave rise to immediate cause		0
	(a), stating the underlying DUE TO	k (coron vy obstruition) arteriosclerosis	do year
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT () STABLES MELLET (2) CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH ILLE ETHER, NOTIFY MEDICAL EXAMINER!	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
	E (Dimen in Many (Hours	THE PARTY THE THE	YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter natura of injury in Part I or Pert II of item 18.)	
-1			
	0	LACE OF INJURY (Home, farm, 20f. (City or town) (Count actory, streat, office bldg., atc.)	y) (Stete)
	Hour a.m. p.m. 19 While Not While at work et work		
	21. I certify that (I) (this hospital) attended the deceased from	January 1962 to 5/22 196	that (I) (Ne) les
	saw the deceased alive on	at death occured at 9 M, from the causes and on th	e date stated show
	22 SIGNATURE	ai dealif occured disputery, from the causes and on the	22b. DATE
	Eugen C. Danmum	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	CA LI SIGNE
1	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	1/27/00
	NAME (Type) E.C. Baumann, M.D.	413 Eastern Avenue, Essex	Mid.
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county)	(Steta)
	Burial May 26, 1962 Parkwood C	emetery Parkville, Md.	
51	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SH	GNATURE
		MAY 31 62 Commy 8	7 10



- P	05547 CERTIFICATE OF DEATH	05541
M show	1. PLACE OF DEATH a. COUNTY Baltnere Maryland 2. USUAL RESIDENCE (Where daceased lived, if Institution: Rasic a. STATE Maryland And	lenca befora admission
s after deat	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat/address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE
papers. r	Md. Masonie Homes 1623 E. North Ave. 3. NAME OF DECERSED (Typa or print) Nathalie Wilson Rutledge DEATH May 11	YES NO T
ent, within	Female White WIDOWED DIVORCED DIVORCED 9. AGE (In years IF UNDER 1 YEAR S. DATE OF BIRTH B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 18 18 18 18 18 18 18 1	AR IF UNDER 24 HRS
any eve	done during most of working life, even if retired) Beltimore City, M. U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	A .
al, and ii	Warren Paynter Alice Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (Ifyesgive war or dates of service)	. 11 m
if permit. To	PART I. DEATH WAS CAUSED BY: Diabetes Mellitus	INTERVAL BETWEEN ONSET AND DEATH
burial-trans rial, crematic	Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if eny, which (b) (b) DUE TO Coulombre (c) DUE TO Coulombre (c) Coulombre	
prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Antenios Contributing Contribut	19. WAS AUTOPSY PERFORMED? YES NO
	U (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 4 4 4 4 4 4 4 4 4	(State)
ate Dept.	21. I certify that (I) (this hospital) attended the deceased from Cl. 2. 1961, to Macy, 1963 saw the deceased alive on May 11 1962 and that death occurred a 102 M from the causes and on the	date stated abov
th the Str	22a. SIGNATURE Ela strick Before M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN 2 22d. ADDRESS	5 July 2
filed wit	NAME (Type) Elizabeth B. Shervill Crettey Sville Md 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)	(State)
A15 (4)	BURIAL 5-14-62 Loudon Park Cemetery Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	NATURE
9/60	Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2 DARAY 1 4'62 Cuthun S. Tha	W/B

MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL and give neerest town) EYSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO I NAME OF DATE DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED V DIVORCED physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) during most of working fife, even if retired) please FATHER'S NAME aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address or unkown) | (Ifyesgivewarordatesofservice) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)| 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X 200. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20c. TIME OF INJURY Month, Dey, Yaar (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work may 21. | certify that (I) (this hospital) attended the deceased from... and that death occurred at 11.15M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 220. SIGNATURE ATTENDING. MED. PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filed BURIAL, CREMATION, 236. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 25b. REGISTRAR'S SIGNATURE 1SM 7/61 iring & Thous

3775/5/3707¢ MINNIE LAUISE STORY THINE WHITE IN NOW IN 1875 96 HOUSEMIKE DUM HENE MARYLAND CHARLES SI PROSSER ENWA MUE PEDER - FAMILY RECOKDS arteries derette Meast d'adiance Law artemodelismon Lies Micumated astherton THE STREET WAS A STREET OF THE BURNET WITH IT THE VESSOR'S CENETER COCKERSTICE! Solver Bleed Starte, Towns, red in 18

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND 09 and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva neerest town) CATONSV. 1/2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1 Vome IVURN. YES NO Z NAME OF Middle DECEASED OF (Typa or print) DEATH 5 30 19 AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Deys Hours WIDOWED [physician 1De. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 1V. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED Address (Yas, no, or unkown) | (If yes give wer or detes of service 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT PERFORMED? 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Steta) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from, that (I) (we) last and that death occured M, from the causes and on the date stated above saw the deceased alive on 22b/ DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d. ADDR 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION REMOVAL (Specify) OI 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR VR A15 (4) 15M 9/60

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ARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05559 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) funeral director, Page ained for your files. State Board of Health, e. COUNTY 1timore b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Baltimore Ave. ON A FARM? Itimore tive. retained YES NO should be executed within 24 hours after deam.

ng" in pencil in Item 18. Give Pages 1, 2, and 3 to the fun

r's Office along with form PM3. Page 5 may be retaine

Livial-Itransit permit. File pages 1 and 2 with the Stat Stat 3. NAME OF First Middle Last 4. DATE Month Day Yaar DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Devs Hours Min. ma WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) tainless mplouse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 Address (Yes, no, or unkown) | (If yes give wer or detes of service) same certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) removal DUE TO Conditions, if eny, which (b) the word "pending".
Medical Examiner's C
should be used as a b "pending" gave rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPS CERTIFICATION PERFORMED? YES [20b. DESCRIPE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief / 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; Month, Day, Year 20f. (City or lown) (County) (Steta) 0 factory, street, office bldg., atc.) Not While While Hour e.m. the St secute the cermonal build be forwarded to the care and DIRECTOR: Parior at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL lease execute should be for PUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 040 b emetery .a. 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE VS. A15ME Cirching S. Mraus 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

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TO HO LAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Tage 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be gited by the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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13	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. DRESTON STRE

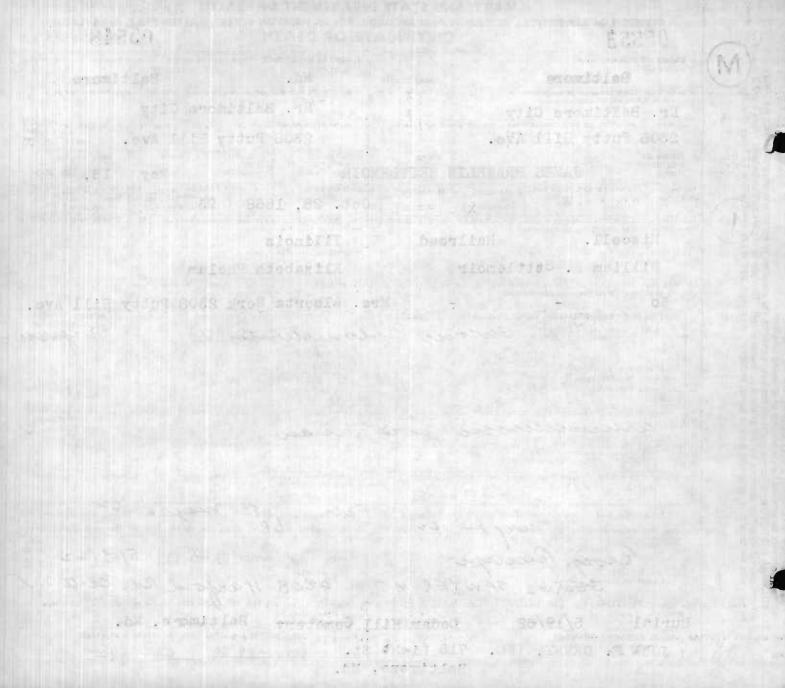
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF 5	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
05550	CERTIFICATE OF DEATH	05545

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Baltimore MARYLAN	e. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	
Catonsville 5 days	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HOSPITAL	3101 - Wylie Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) John W.	Seitz, Jr. DEATH May 31 1962
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED	June 15, 1926 State Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Self-employed Tavern	Maryland, Balto, City U. S.
Self-employed Tavern 13. FATHER'S NAME	Maryland, Balto.City U. S.
John W. Seitz, Sr.	Mary Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 1	
(Yes, no, or unkown) (Ifyes give wer or dates of service) 213-20-1367 Marines 19/13-16	Records: SPRING GROVE STATE HOSPITAL
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pneumonia	ONSET AND DEATH
493 V DUE TO	
Conditions, if any, which) (b)	
geve rise to immediate ceuse	
(e), stating the underlying Causa last,	
(0)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
TAKI II. OTTILA SIGNITICANI CONDITIONS CONTINUED IN DELATIT BO	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter neture of injury in Pert I or Pert II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
Hour e.m. While Not While et work st work	factory, street, office bldg., etc.)
21. I certify that (this hospital) attended the deceased from	om May 25 1962, to May 31 , 19 62 that (N) (we) last
saw the deceased alive on May 31 19 62, and	that death occured at
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
Sulla Wachsler	M.D. PHYS. DIRECTOR PHYS. 5-31-62
PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL
Stella "achsier, H. ".	Catonsville 28, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	
Burial 6/4/62 Cathedral	Cemetery Baltimore, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
& Vernon Lemmon 4611 Park Heights,	Balto. Md. PATE S SCO
The state of the s	1 OZ CARA L Magg



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05553 CERTIFICATE OF DEATH 05548
W shoul	1. PLACE OF DEATH •. COUNTY Baltimore Maryland 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY Baltimore
in by the stand feer dear	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Nr. Baltimore City c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Nr. Baltimore City
ily filled s. Page nours al	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2308 Putty Hill Ave. o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\text{X} \)
executed complete on paper thin 72	3. NAME OF DECEASED (Type or print) JAMES FRANKLIN SETTLEMOIR Last 4. DATE OF DEATH May 16, 1962
and and carb	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Days Hours Min. Min.
physician s remove any even	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Miscell. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Railroad Illinois
death nding p please and in	William M. Settlemoir 14. MOTHER'S MAIDEN NAME Elizabeth Phelam
The law requires that the rattending physician. has been signed by the atte burial-transit permit. Then rial, cremation, or removal,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or deles of service) NO 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immedie to cause (a), stelling the underlying cause last. (c)
PHYSICIAN the hospital of this certificate of for use as the alth prior to but	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF C
TENDING otalined by OR: After be detache lept. of Hez	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 20d. INJURY OCCURRED Steley (Stele) And While Not While at work
AL OR AT: 26 4 may be recorded by the State Distriction of the State Di	21. I certify that (I) (this hospital) attended the deceased from Feb., 1958, to New J. E., 1968, that (I) (we) lass saw the deceased alive on New J. T., 1968, and that death occured at P.M., from the cluses and on the date stated above 22a. SIGNATURE ATTENDING MED. STAFF PHYS. SIGNED PHYS. DIRECTOR PHYS. SIGNED PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DATE SIGNED PHYS. ADDRESS PHYSICIAN'S NAME (Type) GEORGE SAWYER M.D. 4803 Harford Rd. Balto New Med.
OHOO POPULATION OF THE POPULAT	23a. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) 5/19/62 Cedar Hill Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE JOHN F. DENNY, INC. 715 Light St. DATE MAY 21 '62 Column & Krama
20	Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Rasidance before edmission) Page a. COUNTY b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) director. write RURAL and give nearest town) Your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 7 3. NAME OF Middle Day DECEASED OF (Type or print) DEATH 196 24 hours after death. 1, 2, and 3 in and 2 with within 2 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Min. WIDOWED T DIVORCED OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY Page 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pages PM3. Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 00 Addrass permit. (Yasa go, or unkown) | (If yas giyewar or dates of service) with D Hem EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause ha for (a), (b), and (c).] " in pencil in It Office along INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 9 Conditions, if any, which (b) cremation, "pending" cute the certificate, writing the word "pending" be forwarded to the Chief Medical Examiner's LAL DIRECTOR: Page 3 should be used as a its designated egent, prior to burial, cremation gave rise to immediate causa DUE TO (e), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, straet, office bldg., etc.) Whila Hour a.m. Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should be forwarded FUNERAL DIRECT death resulted from Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL SSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Typa) please 4 shoul O FUN Health Address (Street, city, Iown, or county) O DE 220. BURIAL, CREMATION. LOCATION (City, town, or country) REMOVAL (Specify) 23. FUNERAL DIRECTOR REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME 1 '62 5M 1/62 DATE JUN arthur & Kraus

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CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEA a. COUNTY			MARYLA		2. USUAL RESIDENCE (Who a. STATE		ed. If institution	n: Residence	before	admission	"/
	<u>Ltimore Count</u> WN (If outside corporate lim		c. LENGTH OF STAY IN	-		rland		∃a.	lto.		
RURAL and g	ive nearest town)	its, wille	-1		c. CITY OR TOWN (If o	timore	limils, write RU	RAL and gi	ve neare:	st town)	1
	OSPITAL (If not in hospital,	rive street	り うっ yr	٥.	d. STREET ADDRESS	- CTIMOTE			3 V	A DEALE	1
OR INSTITUT	lona Maris Hos		20016337		3115 Rosal	lie Aven	ue			ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Fi		.e Shugars		Last	4. DATE OF DEATH	Mont May		Day	Ye.	or 62
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED		2/5/1884	9. A	GE (In years astroighthday) yrs.	Months [UNDER	24 HRS. Min.
10a. USUAL OCCU	PATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (Stote	or foreign countr	у)	12. CITIZ	EN OF	WHAT C	OUNTRY
coming most of	House Maid	'			Maryla	ind		U.	S.A.		
3. FATHER'S NAM	E				14. MOTHER'S MAIDEN N	IAME					
	George Shuga	rs			Julia	Yinglin,	g				
15. WAS DECEASE	DEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Addre	55			
	(11) 41, 910 1101 01 00100 01	2]	18-34-2202		Admission R	Records					
gove rise cause (a), sta lying cause	OTHER SIGNIFICANT CON	DITIONS C			SCV NOT RELATED TO THE TERMIN		NADITION GIVE	N IN PART		WAS AU PERFORM	MED?
20a. ACCIDEN OR CONTRIBU (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED	. (Enter nature of injury in P	Part I or Part II o	f item 1B.)				
Hour a	NJURY Month, Day, Ye . ji. . m. 19	While	AJURY OCCURRED Not while of work	0e. PLA fact	CE OF INJURY (Home, farm, ory, street, office bldg., etc.	20f. (City or t	own)	(Co	ounty)		(Stale)
21. I certifalive on	y that I attended the May 1 Cober Robert	19-		leath	occurred at 9:05 P	ADDRESS (Street,	city or town, s	tale)	e date	stated DAT	ecease l abave E SIGNE
	NATION, 22b. DATE THEREC		22c. NAME OF CEMETE	ERY OR		22d. LOCATION			-N	(Stote)	nd
23. FUNERAL DIREC	CTOR'S SIGNATURE	530	ADDRESS 5 HARF	OR	24g. REC'D	BY REGISTRAR Y 4 '62	24b. REGIST	TRAR'S SIGN			

by the funeral directar, 12 should be filed with "s after death. Page D HOSPINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have may be to he by the haspital or attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in bage 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

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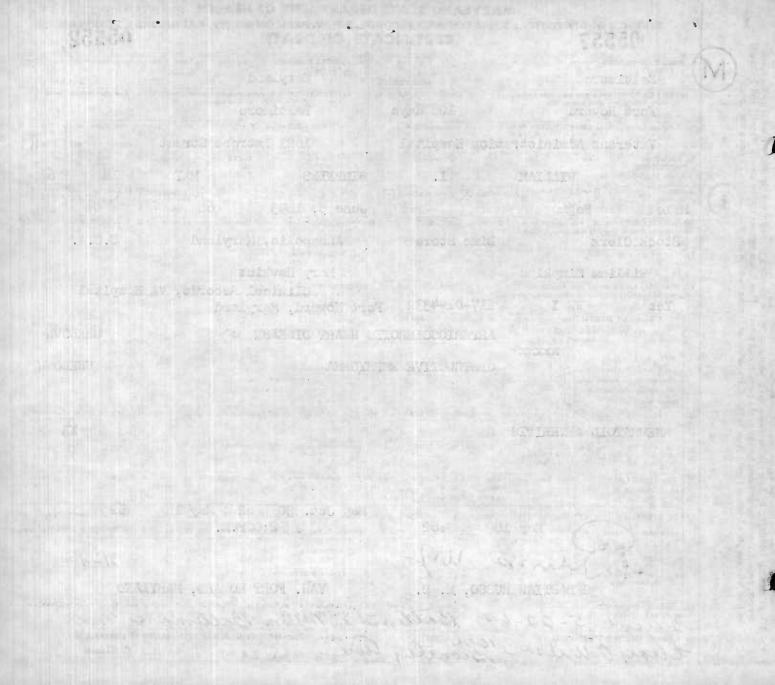
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Let 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05557 CERTIFICATE OF DEATH 05552

b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest fown) Fort Howard c. LENGTH OF STAY IN 108 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		
Fort Howard 108 days		ive neerest town)
Fort Howard 108 days	Baltimore 2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		V11.4
	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	1621 Latrobe Street	YES NOX
3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Dey Yeer
(Type or print) WILLIAM I.	SIMPKINS DEATH MAY	8 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YE last birthday)	
Male Negro widowed □ DIVORCED □	June 5, 1893 68 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
Stock Clerk Dime Store	Annapolis, Maryland U	.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Simpkins	Mary Hawkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknown) (Hyesgivewerordetesofservice)	17. INFORMANT Clinical Records ddrewA Hosp:	ital
Yes WW I 217-01-4332	Fort Howard, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ARTERIOSCIEROT	TIC HEART DISEASE	UNKNOWN
420.0 xxxx	The West and Edit to the Children	
Conditions, if eny, which \ (b) OBSTRUCTIVE EN	MPHYSEMA	UNKNOWN
geve rise to immediate cause (e), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
RHEUMATOID ARTHRITIS		YES XX NO
RHEUMATOID ARTHRITIS 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter neture of injury in Pert I or Pert II of item 18.)	
Hour e.m. p.m. 19 While Not While et work at work	e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County fectory, street, office bldg., etc.)	
21. I certify that (I)X (this hospital) attended the deceased from saw the deceased alive on May 18 19.62, and	that death occurred at 2:00PfrMr the causes and on the	
22e. SIGNATURE W		/18/62 DATE SIGNED
22c. PHYSICIAN'S	VAH. FORT HOWARD, MARYLAND	
NAME (Type) SEBASTIAN RUSSO, M. D.	THE POINT HOUSENED, PRESTREED	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET		nel (State)

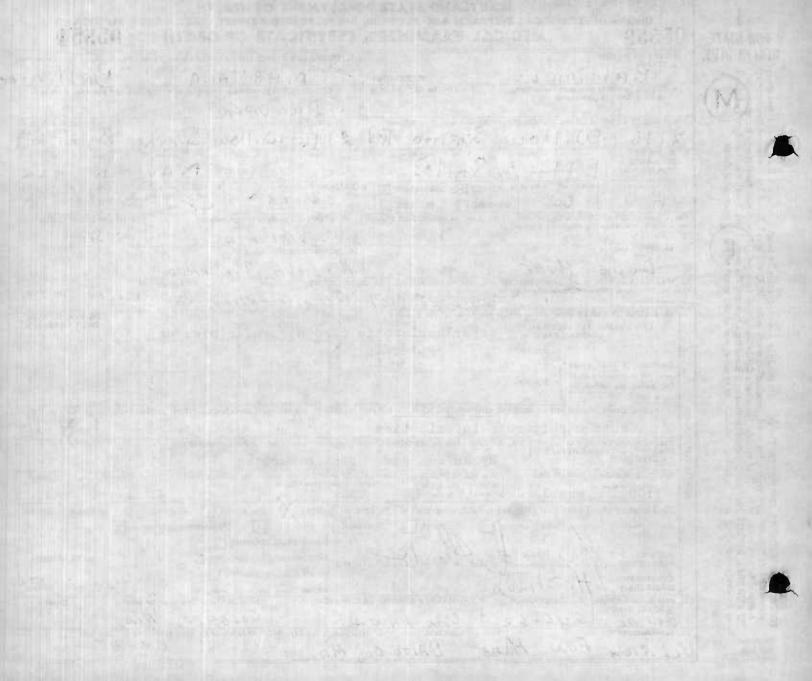


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before ediffusion) Baltimore County MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town. write BURAL and give recrest town Wilson, Waryland _ Pages filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) ON A FARM? Mt. Wilson State Hospital NO X completely papers. 3. NAME OF Middle 4. DATE Day DECEASED OF (Type or print) DEATH 19 and cor 6. COLOR OR RACE 7. MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX NEVER MARRIED birthday) Months Deys WIDOWED DIVORCED physician 10a. USUAU OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreig country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any 13. FATHER'S NAME Ξ aftending ple Address Records, Mt. Wilson State Hospital Hospital 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) aftending Conditions, if eny, which gave rise to immediate ceuse DUE TO (e), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? as 0 NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! ached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work DIRECTOR: 1967 to _____1962 and that death occured at 1.144 from the causes and on the date stated above saw the deceased alive on..... 22b. DATE 22a. SIGNATURI ATTENDING SLGNED DIRECTOR uverm PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Mt. Wilson State Hospital, Mt. Wilson, Md. Newcomer, M.D. Superintendent 23c. NAME OF CEMETERY OR CREMATORY LOCATION City, town or county) BURIAL CREMATION (Stete) TO NUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) '62 arthur S. Thous 15M 9/60 DATE

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		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
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HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence and the state of the sta	ence before edmission)
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3. Pours	ao	une during most of working life, even if retired) W. VIRCINIA	A
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4 4 3 9 4		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	NTERVAL BETWEEN
execution in long ansit in long and in long in		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease	ONSET AND DEATH
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should be in per 's Office a burial-removal,	Н	Conditions, if eny, which (b)	
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andin iner iner		cause lest. (c)	
ertificate I "pendin Examiner Examiner used as	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
0 2 _ 5 2	CERTIFICATION	Acute barbiturate intoxication	YES NO
0 0 0	ZTE	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of Item 18.)	71 -
H OT T	_	CAUSE OF DEATH. By an overdose of barbiturates	
writing Chief age 3 to buri	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County)	(Stete)
X.A.	MED	1;00 p.m. May 12, 62 of work of work Home Baltimore	Md.
0000		21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , an	d in my opinion
MEDICAL forwarded forwarded L DIRECT ated agent,		death resulted from: Natural causes Accident Suicide Homicide Undetermined manner	
SDI Narc Narc ag		CHIEF MEDICAL EXAMINER	
execute the uld be forward be forward be forward be forward be forward be forward by the best by the b		SIGNATURE ASSISTANT MEDICAL EXAMINER	DATE SIGNED
P. Be cu		EXAMINER'S / LI SL Y	14 10.1
		NAME (Type) / // O Q U Address (Street, city, town, or county)	13, 1960
Sho sho	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
0 240 9	-	BURIAL 5-16-62 OAK LAWN COLGATE, MA,	
VS. AISME	1 4	ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA PAY 2 1 '62 Chilhun S. H.	
5M 9/60	U	LLRICH FUN. HOME, BALTO. CO, MD, DATE MAY 21 '62 Circhen S. K	



1	1. PLACE OF DEA a. COUNTY Baltim			e. STATE	1 - 1 - 1 - 1	lived, If institute. COUNTY	ition: Reside	enca bafore edn
) -		V (if outside corporate limits	, c. LENGTH OF STAY IN 16		rland	-iaia- DIID	Al and nive	town
	write RURAL a	and give nearest town)			(If outside corporate lin	mirs, write KUK	AL end give	e nearest town;
-	Fort H		3 days	Balti	more		SV	01.4
	d. NAME OF HOS	SPITAL OK INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS				e. IS RESI
	Veter		ration Hospital		ght Street	;		YES N
1	3. NAME OF DECEASED	First	Middla	Last	4. DATE OF	Month	Day	y Year
L	(Type or print)	James	W.	Slater	DEATH	May	-	1 196
F	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	A. DATE OF BIRTH	Inch h	(In years IF Ut irthday) Mon		
1	Male	White	WIDOWED DIVORCED	January 3, 1	.897 65	yrs.	nths Deys	Hours
	done during most of	ATION (Give kind of work working life, even if retired	106, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & Stata, or foreign	country) 1	2. CITIZEN	OF WHAT CO
	Barten		Tavern	Baltimore	, Maryland		U.S	S.A.
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	Willia	m Slater		Mary Con	melly			
	15. WAS DECEASED	EVER IN U.S. ARMED FORCE	ZES? 16. SOCIAL SECURITY NO. 17.			Addess	mana 1	- total
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1	162	XXXXXXX			LUNG			
	Conditions, if a gave rise to imme	ny, which (b)	METASTASIS TO LIVE		LUNG			UNKNOWN
	gave rise to imme (a), stating the	ny, which (b)_ediata causa			LUNG			
	(a), stating the cause last.	ny, which ediata causa underlying DUE TO (c)_	METASTASIS TO LIVE	ER		TION GIVEN IN		UNKNOWN
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MARYLAND STATE DEPARTMENT OF HEALTH

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-51	-		MARYLAND STATE DEPARTMENT OF HEALTH	
761			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	
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completely on papers.		3.	NAME OF First Middle Lest 4. DATE Month OF	Dey Yeer
mpl pap			(Typa or print) JENNIC SMALLWOOD DEATH MAY	9 1962
		5.	SEX_ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I	
-0 E = .			1- MI WIDOWED DIVORCED Aug. 20, 1869 92 yrs.	Months Deys Hours Min.
			. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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		13.	EATHER'S NAME 14. MOTHER'S MAIDEN NAME	
death anding p	(T)		hillip Croney	
0 0 C	(WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. no. of unknown) (If yes give we ror detes of service)	1-11/1 -
e at The		,,,,	s, no, or unkown) (Ifyesgivewerordelesofservice) SON, Earl K. Smallwock	1-13 Holmenurs/
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cer cer		CERTIFICATION	2De. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH	
this defe			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG by fer fer Fer Fer Fer Fer Fer Fer Fer Fer Fer F		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
ined ined deta		MEE	p.m. 19 at work et work	9 61
TEN retair rOR: be d			21. I certify that (I) (this hespital) attended the deceased from	/, 19, that (I) (wa) last
TE SCIES			saw the deceased alive on	and on the date stated above.
Sho Sta			220. SIGNATURE ATTENDING & MED. STAFF	22b. DATE
14 TE e 3			M.D. PHYS. DIRECTOR PHYS.	21107
ERAL page with t	1		22c. PHYSICIAN'S NAME (Type) 1 The County 12 Me County 15 mg 2 to day -cle to	1 (20)
DOST N. B. UNE		-	W-12, 1/2 (Fra) 1 1303 Freeding 1	
H to H o		238	REMOVAL (Specify) May 12 1912 STTI	n or county) (Stata)
5 5 5 g	0		BUTIAL MAY 12, 1962 ST. Johns CerteTery Howard	CO: Md
VR A15 (4)	10%	24	234 484 0 0 24	Thur I Krase
15M 9/60	M.	1	S. Mac Webtison Ball 28 Md DATE MAI 14 62 Ch	A, / CLARA
			2014 reacrus uve.	

addaga LANGE OF Summer Mayoring more building 193 Holist Shires T. HOLER HUICE Phill CHAR SONS FAIR & SHALLOWS I AS THE STATES THE LEASURE STATE AT A STATE OF THE STATE OF Employed States comment the state of is a type with in but is play

FOR STATE TO DEV. I'M MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05582

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05.557

•	1. PLACE OF DEATH e. COUNTY			E (Where decessed lived, If i		before edmission)			
	Baltimore	MARYLAND	Maryland Baltimore						
		LENGTH OF STAY IN 16		outside corporete limits, write					
	Dundalk (220	21 years	X Dunda	1k (22)					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita	l, give street address)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?			
	1945 Walnut Avenue	to the contract of		Walnut Aven		YES NO X			
	3. NAME OF First DECEASED (Type or print) WALTER J	OHN SMITH	Last	4. DATE Month OF DEATH	May 21:	st 19 62			
)	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers		IF UNDER 24 HRS.			
	male white WIDOWED		June 24,19	13 Last birthday) yrs.	Months Deys	Hours Min.			
	done during most of working life, even if retired)	OF BUSINESS OR INDUSTR		r foreign country)	12. CITIZEN OF	WHAT COUNTRY?			
	Inspector Tide	Water Fish	neries / M	aryland	USA				
	John A. Smith, Sr.,		Anna Sch	ultzski					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO (Yes, no, or unkown) (Ifyesgive werordetes of service)	CIAL SECURITY NO. 17. I	NFORMANT	Address					
V		-01-4696	Mrs. Norma	S.Munski.	same as	11.2			
	18. CAUSE OF DEATH [Enter only one cause per ling	for (a), (b), end (c).}	A			RVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	May	Occurso	m	- ONS	ET AND DEATH			
	420.1 DUE TO								
П	Conditions, if eny, which (b)								
	geve rise to immediate cause DUE TO								
	cause last. (c)								
		BUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV		PERFORMED?			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.	HOW INJURY OCCURED. (E	inter neture of Injury In Pert	I or Part II of item 18.)					
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJ		CE OF INJURY (Home, ferm,		(Counly)	(Siele)			
	20c. TIME OF INJURY Month, Dey, Year 20d. INJ Hour e.m. While at work	Not While fact	ory, street, office bldg., etc.)						
	21. I certify that I took charge of the remain	s described above, he	ld an Autopsy ,	Inspection 🔃 Inquir	y and	in my opinion			
	death resulted from: Natural causes 7.	Accident, Suic	ide, Homicide [, Undetermined m	anner				
	mag	-	CHIEF MEDICAL E	XAMINER					
H	ACTUAL SIGNATURE	ないっつ	M.D. ASSISTANT MEDI	CAL EXAMINER	D	ATE SIGNED			
	examiner's Name (Type) Melvin B. Davis	. M. D.	DEPUTY MEDICAL Dundalk	EXAMINER X	5,	/22/62			
Ī	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify)	c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	or country)	(Slele)			
)	Burial 5/24/62	Oak Lawn Ce	emetery	Baltimor	e Co. Ma	aryland			
1	23. FUNERAL DIRECTOR	ADDRESS	24e. REC'	D BY REGISTRAR 246. REGI	STRAR'S SIGNATU	RE			
	Walter Brooks Bradley, In	c., Dundalk	22, Md DATE	1 4 02 04	Muy S. Than	A			

the upon it in the contract to the second se HARLEY CHOOKS DERRIED, LOC. , MINES W. E. W. L. W. C. W. C.

*

MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF THE	
DIVISION OF STATISTI	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STR	EET, BALTIMORE 1, MARYLAND
05563	CERTIFICATE OF DEATH	05558

Н	1. PLACE OF DEATH e, COUNTY	2. USUAL RESIDENCE (Where decaasad lived, If Institution: Rasidence before admission)
1	Baltimore MARYLAND	e. STATE Md. b. COUNTY Parting A.
۱	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town)
	write RURAL, end give nearest town) Parkville	X Parhvilla
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS . IS RESIDENCE
	3017 Woodside Ave.	3017 Woodside Ave.
	3. NAME OF First Middle	Lest A DATE Month Day Year
	(Type or print) Annie	oot of DEATH May 27 19 62
Н		DATE OF BIRTH 9. AGE (In yeers OF UNDER 1 YEAR) IF UNDER 24 HRS.
4	temale white WIDOWED DIVORCED TO	last birthdey) Months Deys Hours Min.
ı	100. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	7-20-1007
	dona during most of working life, eyen if refired)	Manuford
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Constant III Const	Mar. A 11/2/16
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice) 215021106	rs Charles F. Zeller same
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	CEREBRAL Massive LEFT. IN ORDING
	MMEDIATE CAUSE (6) HELMONTAGE,	CELEBRAL CONTRACTOR
	Conditions, if ony, which) DUE TO Arterius cleros	is Grener/ized maddense ± 20 yrs.
	geve rise to immediate causa	is, everies, may sums
	(e), stating the underlying DUE TO	
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF CHITER. NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO X
1	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING ☐ CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	nour a.m.	ory, straet, office bldg., atc.)
		16 may 1962 to 27 mag 1962, that (1) (we) last
	21. I certify that (I) (this hospital) attended the deceased from	death occured at 3.3 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	Edward Al Mork	D. ATTENDING MED. STAFF 28 May 62 SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Edward L. S. Molz M. D.	7425 Harford Rd Baffo. 34 Md
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 5-20-62 New (athed)	ral (em. Baltimore, Md.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
K	1. 9. Ruck Inc. 5305 Hartord Road	DATE MAY 31 '62 Ticky S. Krous
y	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

77 (10) 22 (10) 15000 . 15 15000 The state of the s A Company of the control of the cont The street was state the sound and the state of the state of

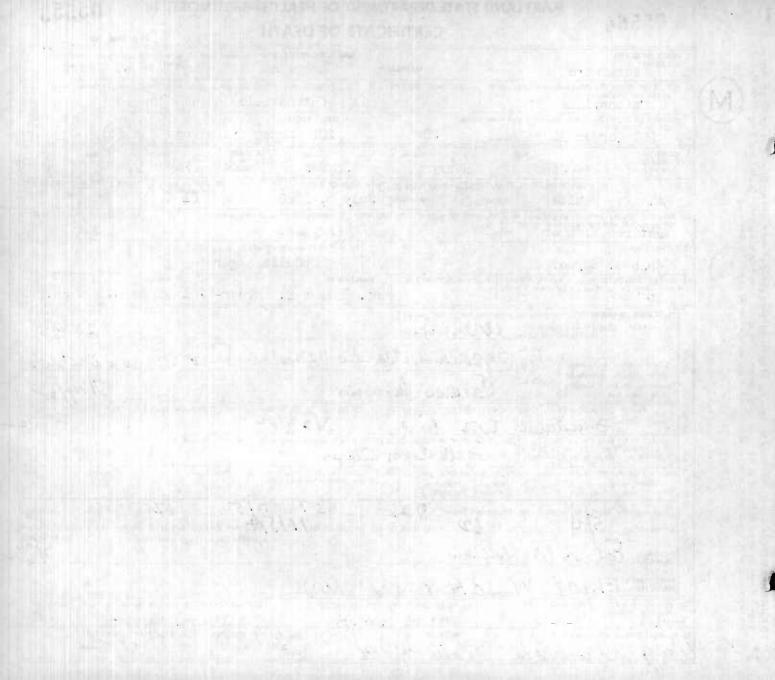
VS A15 (4) 15M 9/5B 05564

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8 (5.55) Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Balti	more		MARYLANE	2. USUAL o. STAT	RESIDENCE (Where decease nd	d lived. If institut b. COUNT		before admissi timore	an)
	b. CITY OR TOWN (I RURAL and give no Catons	f outside corporate limi carest tawn) cville	ts, write	c. LENGTH OF STAY IN 18	c. CITY		If outside corpo	rate limits, write	RURAL and giv	ve nearest town)	
1	OR INSTITUTION	AL (If not in hospitol, g		address) #28		eet ADDRESS Ol Gar		ge Road	#2	e. IS RESI ON A YES	FARM?
	3. NAME OF DECEASED (Type or print)	John John	st	Middle Harry	Sny	lost der	4. DATE OF DEATH	Mo May	nth 5,	/	ear 62
	5. SEX Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED	B. DATE OF July 6			9. AGE (In years last birthdoy) yrs	Manths D	YEAR IF UNDE	R 24 HRS. Min.
	10a. USUAL OCCUPATIOn during most of work Retired	ing life, even it refired	dane 10b.	KIND OF BUSINESS OR INC		ryland	ate or fareign c	ountry)	12.CITIZI	USA	OUNTRY?
	13. FATHER'S NAME John G.	Snyder			14. MOTE	Ophel:	NAME ia Egge	r	RR		17%
	15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of se		SOCIAL SECURITY NO.	INFORMANT	her P.	Snyder	- 201 Ga	rden R	idge Rd	.#28
)	Conditions, if all gove rise to it cause (a), stating lying couse lost. PART II. OTHER CONTRIBUTING	the under. DUE TO CO TER SIGNIFICANT CON	DITIONS C	Perlinsing Co Pullal Thir CONTRIBUTING TO DEATH B GM LUS KIBE HOW INJURY OCCUR FILL CURY	JT NOT RELATI	ED TO THE TER	RMINAL DISEASI			One ge	S Con DV AUTOPSY RMED?
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While	NJURY OCCURRED 20e. Nat while at work	PLACE OF INJU foctory, street,	JRY (Home, fo affice bldg.,	orm, 20f. (City etc.)	or town)	(Co	unty)	(Stote)
	21. I certify the alive on	of offended the	deceas 19_ QU	ed from \$26 62, and that dea	th occurred	I A J Z			nd on the	sow the dedote stoted	
-	22a. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATO	(22d. LOCAT	TION (City, town,	ar county)	(Stote)
	Burial 23. FUNERAL DIRECTOR Um 9 June	5-8-62 s signature One) de Sans	,	Western Cer Address Balb 17, 7	netery		C'D BY REGIST		arylan ISTRAR'S SIGN Jihan 2. 1	ATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05565 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY Baltimore a. STATE Md. MARYLAND the 12 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Write RURAL and give nearest town) Baltimore (Halethorpe) filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give straet address) d. STREET ADDRESS 2029 Monumental Avenue completely papers. 3. NAME OF Middla Lasi DECEASED (Typa or print) or (Bolesleus) C. Sobus, Sr. Robert and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH male white Oct. 21, 1894 WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) dona during most of working lifa, avan if refired) Walters Art Gallery 13. FATHER'S NAME Francis Sobus 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyasgivawarordatesofservica)

18. CAUSE OF DEATH [Enter only one ceusa par line for (a), (b), and (c).]

DUE TO

DUE TO

Month, Day, Yaer

5/8/62

saw the deceased alive on may 2"

20d. INJURY OCCURRED |

Not While

at work

While

John Healy, M.D.

Howard H. Hubbard, 4107 Wilkens Avenue #29

at work

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gava risa to immediata causa

(a), stating the underlying

20c. TIME OF INJURY

228. SIONATURE

Hour a.m.

ME (Typa)

24 FUNERAL DIRECTOR'S SIGNATURE

238. DURIAL, CREMATION, 236. DATE THEREOF

20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

IMMEDIATE CAUSE (a)

2. USUAL RESIDENCE (Whare daceased lived, If institution: Rasidanca before admission) b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Baltimore (Halethorpe) e. IS RESIDENCE ON A FARM 2029 Monumental Avenue YES NO 4. DATE DEATH 19 62 Mav 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 14. MOTHER'S MAIDEN NAME Marcianya Unknown Addrass Martha M. Sobus, 2029 Monumental Ave. #27 INTERVAL BETWEEN ONSET AND DEATH E a de VID. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, straet, office bldg., etc.) 19 ..., to May 4 , 1962 that (1) (last 1967, and that death occurred at 9.5M, from the causes and on the date stated above. 226. DATE ATTENDING 22d. ADDRESS Francis Avenue, Halethorpe 27, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Meadowridge Cemetery KXXX Elkridge, Howard Co.Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

162

DATE MAY

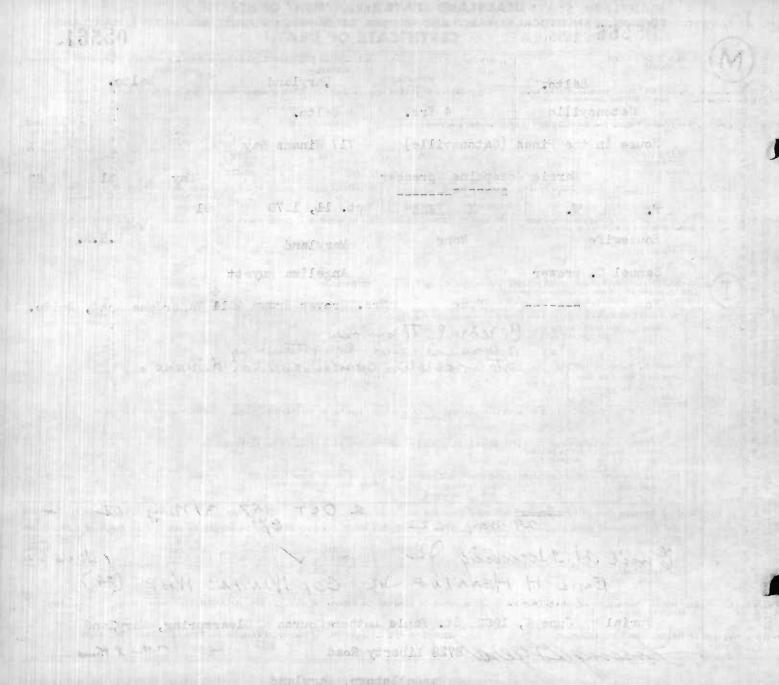
Chiller S. Hrana

burial-transi FUNERAL page filed v 是一 TO VR A15 (4) 15M 9/60

certificate be

03857 THE TOTAL PROPERTY OF THE PARTY House H. Reddbard, A. of William V. Standbard, Standbard, H. School V. Standbard, H. School V. Standbard, St. S

	. 8.	LACE OF DEA		7.4.	3999	MARYLANI	2. USUAL RESIDEN a. STATE Marvlar		deceased lived, If b. COUT		ence before edm
	Ь	CITY OR TOWN	l (if outside c	corporate limits	s, c	LENGTH OF STAY IN 1	b c. CITY OR YOWN	(If outside cor	porate limits, writ		e nearest town)
^ L		Ca	tonsvi	lle		4 Yrs.	Balto.			340	1.4
1	d.	NAME OF HOS	PITAL OR IN:	STITUTION (if	not in hospita	al, give street address)	d. STREET ADDRESS				e. IS RESID
			in th		s (Cate	onsville)	717 Winans	Way			YES N
ľ	D	AME OF ECEASED (ype or print)	M	fist [argie	Josephi	ine Sprecher	Last	4. DATE OF DEATI	H May	h Dey	10
-	5. S	EX	6. COLO	OR OR RACE	7. MEKRIED	MEYER MARRIED	B. DATE OF BIRTH	1		IF UNDER 1 YEAR	IF UNDER 24
L		F.	W		WIDOWED	X XXXX ED	Oct. 11, 187	0	91 yrs.	Months Days	Hours /
1	Oa.	USUAL OCCUP	ATION (Give	kind of work	10b. KIND		STRY 11. BIRTHPLACE (Cou		r foreign country)	12. CITIZEN	OF WHAT COU
		House		aven ii takted	''	None	Vanual and			U.S	S.A.
1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
		Samue	1 C. B	rewer			Angeliea	Huvett			
	15.	WAS DECEASED	EVER IN U.S.	ARMED FORCE	CES? 16. 50	CIAL SECURITY NO. 17	. INFORMANT	110000	A Address		
/ ['	100,	No.	(it yes give wi	01010010501301		one h	Ira. Graver Br	038m 4.6	IE Nomes	dana Dan	J De 14
-	T		DEATH [En	nter only one		for (e), (b), end (c).]	Mrs. Grover Br	ONII TO	TA: Mattot	delle ros	NTERVAL BETWE
		PART t. DE	TH WAS CA		Corel	()	,				MOLI AND DLA
		PART t. DE/		E CAUSE (e)	Ceret	ral thro	mbosis	.cluic			
		422	IMMEDIATI	E CAUSE (e)	Cerel	ral thro	mbosis	iding	Riseas		
		422 Conditions, it a	IMMEDIATI ny, which "	DUE TO	Cerel adva arter	ral thro	,	uduig	diseas		- AND DEA
		42 2 Conditions, if a gave rise to imme (e), stating the	IMMEDIATI ny, which "	DUE TO (b) A DUE TO	Cerel adva asteri	ral thro	mbosis	uduig	diseas		THE THE STA
		Conditions, it a gave rise to immediately, stating the cause last.	ny, which diete cause	DUE TO (b)_A DUE TO (c)_		bral through	mbosis			12. 4	
		Conditions, it a gave rise to immediately, stating the cause last.	ny, which diete cause	DUE TO (b)_A DUE TO (c)_		bral through	urbosis La Rongstau Cardio vas			12. 4	19. WAS AUT PERFORM
		Conditions, it a gave rise to imme (e), stating the cause last. PART II. OTher	ny, which diete cause underlying	DUE TO (b) A DUE TO (c) ANT CONDITI	IONS CONTR	bral Throwned and concernation	entosis a longitar cardio vas	INAL DISEASE	CONDITION GIV	12. 4	19. WAS AUT PERFORM
TO THE PERSON OF	KIIRCAIRCE	Conditions, it a gave rise to imme (e), stating the cause last. PART II. OTHER CONTRIBUTION CONTRIBUTION	ny, which diete cause underlying	DUE TO (b) A DUE TO (c) ANT CONDITI	IONS CONTR	bral Throwned and concernation	urbosis La Rongstau Cardio vas	INAL DISEASE	CONDITION GIV	12. 4	19. WAS AUT- PERFORM
NOTE OF THE PARTY	CERTIFICATION	Conditions, it a gave rise to immu(e), stating the cause last. PART II. OTHER CONTRIBUTION CONTRIBUTION FEITHER, NOTI	immediati	DUE TO (b) A DUE TO (c) ANT CONDITI LLYING C OF DEATH EXAMINER)	IONS CONTR	Bral Thrown Control of the House of the Hous	entosis e longitar cardio vasa NOT RELATED TO THE TERM	INAL DISEASE Pert I or Pert	CONDITION GIV	VEN IN PART 1(e)	19. WAS AUT PERFORM YES NO
1	CAL CRIPICATION	Conditions, it a gave rise to imme (e), stating the cause last. PART II. OTHER CONTRIBUTION CONTRIBUTION	immediation, which indicate cause underlying less SIGNIFIC.	DUE TO (b), DUE TO DUE TO (c) ANT CONDITI LEYING EXAMINER) or DEATH EXAMINER)	IONS CONTR 20b. DESCRI	BE HOW INJURY OCCUPATION OF WHILE Not While Not While	entosis a longitar cardio vas	Pert I or Pert	CONDITION GIV	12. 4	19. WAS AUT PERFORM YES NO
- 1	MEDICAL CERTIFICATION	Conditions, it a gave rise to imme (e), stating the cause last. PART II. OTH CO. ACCIDENT IN FEITHER, NOTI 20c. TIME OF IN Hour e.m.	IMMEDIATION IN THE PROPERTY OF	DUE TO (b) A DUE TO (c) ANT CONDITI CLYING COPEATH EXAMINER) 19	20b. DESCRI	BUTING TO DEATH BUT IBE HOW INJURY OCCUP URY OCCURRED 20e. Not While et work	A Longstan Cardio VRS NOT RELATED TO THE TERM RED. (Enter nature of injury in PLACE OF INJURY (Home, far factory, street, office bldg., etc.)	Pert i or Pert m, 20f. (Cit	CONDITION GIV If of item 18.) ty or town)	VEN IN PART 1(e)	19. WAS AUT PERFORM YES NC
140	MEDICAL CERTIFICATION	Conditions, it a gave rise to imme (e), stating the cause last. PART II. OTH COA. ACCIDENT OF CONTRIBUTING EITHER, NOTI 20c. TIME OF IN Hour e.m. p.m. 21. certify	IMMEDIATION INTERNATION INTER	DUE TO (b), DUE TO (c) ANT CONDITI LYING EXAMINER 19	20b. DESCRI r 20d. INJ While et work [BUTING TO DEATH BUT BE HOW INJURY OCCUI URY OCCURED 200. Not While st work d the deceased fro	NOT RELATED TO THE TERM RED. (Enter nature of injury in factory, street, office bldg., etc.)	Pert i or Pert m, 20f. (Cit.)	CONDITION GIV	VEN IN PART 1(e) (County)	19. WAS AUT PERFORM YES NO (Ste
14	MEDICAL CERTIFICATION	Conditions, it a gave rise to imme (e), stating the cause last. PART II. OTH COA. ACCIDENT OF CONTRIBUTING EITHER, NOTI 20c. TIME OF IN Hour e.m. p.m. 21. certify	IMMEDIATION INTERNATION INTER	DUE TO (b), DUE TO (c) ANT CONDITI LYING EXAMINER 19	20b. DESCRI r 20d. INJ While et work [BUTING TO DEATH BUT BE HOW INJURY OCCUI URY OCCURED 200. Not While st work d the deceased fro	NOT RELATED TO THE TERM RED. (Enter nature of injury in factory, street, office bldg., etc.) And death occurred at	Pert i or Pert m, 20f. (Cit.)	CONDITION GIV	VEN IN PART 1(e) (County)	19. WAS AUT PERFORM YES NO (Steel) No
142	MEDICAL CERTIFICATION	Conditions, it a gave rise to immu (e), stating the cause last. PART II, OTHER CONTRIBUTION OF CONTRIBUTION FEITHER, NOTI 20c. TIME OF IN Hour e.m. p.m. 21. I certify saw the dece 22e. SIGNATUR	immediation, which indicate cause underlying less SIGNIFIC. WAS UNDER IG CAUSE FY MEDICAL JURY Month in that (I) (I) assed alive	DUE TO (b), DUE TO (c) ANT CONDITI LYING EXAMINER 19	20b. DESCRI r 20d. INJ While et work [BUTING TO DEATH BUT BE HOW INJURY OCCUI URY OCCURED 200. Not While st work d the deceased fro	NOT RELATED TO THE TERM RED. (Enter nature of injury in factory, street, office bldg., etc.) And death occurred at	Pert I or Pert m, 20f. (Cit 19 7 to MED.	CONDITION GIV	(County)	19. WAS AUT PERFORN YES NC (Steel) What (I) (was about the stated to the
142	MEDICAL CERTIFICATION	Conditions, it a gave rise to imme (e), stating the cause last. PART II. OTHER CONTRIBUTION FEITHER, NOTICE CONTRIBUTION FEITHER, NOTICE CONTRIBUTION FEITHER, NOTICE CONTRIBUTION FOR CONTRIBUTION FOR CONTRIBUTION FEITHER, NOTICE CONTRIBUTION FOR CONTRIBUTION F	immediation, which indicate cause underlying less SIGNIFIC. WAS UNDER GO CAUSE FY MEDICAL JURY Months and that (I) (I) assed alive	DUE TO (b), DUE TO (c) ANT CONDITI LYING EXAMINER 19	20b. DESCRI r 20d. INJ While et work [BUTING TO DEATH BUT BE HOW INJURY OCCUI URY OCCURED 200. Not While st work d the deceased fro	NOT RELATED TO THE TERM RED. (Enter nature of injury in factory, street, office bldg., etc.) ATTENDING PHYS.	Pert i or Pert m, 20f. (Cit.)	It of item 18.) by or town) m the causes	(County)	19. WAS AUT PERFORM YES NO (Ste
140	MEDICAL CERTIFICATION	Conditions, it a gave rise to imme (e), stating the cause last. PART II. OTHER CONTRIBUTION FEITHER, NOTI 120c. TIME OF IN Hour e.m. p.r. 21. I certify saw the dece 22c. SIGNATUR 12cc. PHYSICIAN 12cc. PHYS	IMMEDIATION, which indicate cause underlying IER SIGNIFICAL WAS UNDER IG CAUSE FY MEDICAL JURY Months in that (I) (I) assed alive	DUE TO (b), DUE TO (c) ANT CONDITI LYING EXAMINER 19	20b. DESCRI r 20d. INJ While et work [BUTING TO DEATH BUT BE HOW INJURY OCCUI URY OCCURED 200. Not While st work d the deceased fro	NOT RELATED TO THE TERM RED. (Enter nature of injury in factory, street, office bldg., etc.) And death occurred at	Pert I or Pert m, 20f. (Cit 19 7 to MED.	If of item 18.) If or item 18.)	(County)	19. WAS AUT PERFORM YES NC (Sie That (I) (date stated a 22b. C
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TO HOS? M. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after a death. So I CO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.	
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TO HOS: At OR ATTENDING PHYSICIAN: The law requires the death. death. To FUNERAL DIRECTOR: After this certificate has been signed by the firector, page 3 should be detached for use as the burial-transit permit. Se filled with the State Dept. of Health prior to burial, cremation, or rem	
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VR A15 (4) 15M 9/60	1

MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS 05567 CERTIFICATI		RYLAND 5562
Baltimore Maryland	a. STATE Maryland b. county Bal	timore
b. CITY OR TOWN (il outside corporate limits, write RURAL end give neerest town) Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Res., 7608 Poplar Road 22, Md.	c. CITY OR TOWN (If outside corporete limits, write RURAL end g Dundalk d. STREET ADDRESS 7608 Poplar Road	a. IS RESIDENCE ON A FARM? YES NO
	Stable P Jearth May 17 3. DATE OF BIRTH 19. AGE (In yeers IF UND R 1 YE	19 62
Hemolo White	May 7, 1874 last birthday) Months De Yrs.	ys Hours Min.
is. FATHER'S NAME Wilkerson	Virginia U. L. MOTHER'S MAIDEN NAME	5.A.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ORO NARY OCCUPANCE Conditions, If eny, which geve rise to immediate couse (a), steling the underlying cause lest. OCCUPANCE OCCUPANCE	lliam E. Stahler 7608 Poplar celusion of Reedum Seleposis	Rd. 22, INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years 10 years 1) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Pert II of item 18.)	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. 19 While Not While et work 21. I certify that (I) (this hospital) attended the deceased from 19 saw the deceased alive on 19 cm., and that		, that (1) (we) las
220. SIGNATURE	ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR 22d. ADDRESS 1010 North Point Rd. 22.	22b. DATE SIGNED
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) May 20, 1962 Wisebutg C 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN J. DUDA 7922 Wise Ave. 22, M	OR CREMATORY 23d. LOCATION (City, town or county) Dem . White Hall, Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	(State)

Minamed Lave Lower 25 to 1990 AND THE STATE OF T The state of the s William Banky of all sand the sand The State of the S THE RESIDENCE OF THE PROPERTY THE REPORT OF THE PARTY OF THE

death. The 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7% hours after death. hin 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0558 CERTIFICATE OF DEATH 05563

1	1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDE	NCE (Where d			dence before	admission)		
	Balti			MARYLAND								
	b. CITY OR TOWN (if write RURAL end s		hs,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside con	porate limits, write	e RURAL end g	ive nearest tov	vn)		
	Fort	Howard		16 days	Balt:	imore		3	VO1 -	+		
	d. NAME OF HOSPITA	L OR INSTITUTION (f not in hosp	pitel, give street eddress)	d. STREET ADDRESS	5				ESIDENCE A FARM?		
	The second secon	ans Admini	strat	ion Hospital	3028 Arunah Avenue							
	3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Day Yes	r		
1	(Type or print)	DAVI		Α.	STAINBACK	DEATH	H MAY		17 19	62		
	5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	19	AGE (In yeers			24 HRS.		
	Male	Negro	WIDOWE		February 25,	1913	fast birthday) 49 yrs.	Months Dey	rs Hours	Min.		
	10a. USUAL OCCUPATIO	ON (Give kind of work	1Db. KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co.	unty & Stete, or	r foreign country)	12. CITIZEI	N OF WHAT	COUNTRY?		
	Apparatus A			phone Company	Brunswick	Co. Vi	rginia	U. S	5.A.			
	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
	Alfred Sta	inback			Alice Po	owell						
	15. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT	anl Poo	Address	Vocnit	-07			
	Yes	WW I	2	19-03-5655	Fort Howard	. Marvi	and va	r Hospi	0 CL_T			
	18. CAUSE OF DE	ATH Enter only one	cause per li	ne for (e), (b), end (c).]	1010 110 11011 01	, 1101 3 1			INTERVAL BE			
		PART I. DEATH WAS CAUSED BY: CARCINOMA RIGHT LUNG UNKNOWN										
	163X	IMMEDIATE CAOSE (e)										
	Conditions, if eny,	Conditions, if eny, which \ (b) METASTASIS BRAIN AND CEREBELLUM UNKNOWN										
	gave rise to immedial	e cause										
	(e), stating the und	derlying (c)										
			IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(e				
_	ATIO								YES Z	NO -		
	PART II. OTHER S		2Db. DESC	CRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	n Pert I or Pert	II of item 18.)		1			
		MEDICAL EXAMINER)										
	Hour e.m.	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour e.m. While Not While et work et work										
		19			Marr T	10 62.	May 17	1062) .I . M			
		at Dr (this hospil	ay 17	ded the deceased from	it death occured at.							
	saw the decease	d alive on	~x		t death occured at."		n the causes	and on the		DATE		
	220. SIGNATURE	VAA A-	. 1	\mathcal{M}	ATTENDING	MED. DIRECTOR	STAFF PHYS.	5/17		SIGNED		
	22cm HYSICKAN'S	Noon			M.D. PHYS.	DIRECTOR [PHYS.	71-1	102			
		SEBASTIAN	RUSSO	, M. D.		ORT HOW	ARD, MAR	YLAND				
	23a. BURIAL, CREMATIO			23c. NAME OF CEMÉTERY			ATION (City, to		{5	itate)		
6	REMOVAL (Specify)	5-21-	62	Balto No	+ 1/ Cex	Bai	1/3		M	d		
1	24 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			STRAR 256. RE	GISTRAR'S SIG	NATURE			
6	Sullivan F	uneral t	tom e	1011-13 N. A	rlingto DATE	MY 21 '6	2 a	news 2 72	Tana			
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AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05565

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	/ ()

PLACE OF DEATH o. COUNTY

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland

4-15-1891

b. COUNTY Baltimore

Baltimore	11111111111111
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) Baltimore 12,	c. LENGTH OF STAY IN 18
d. NAME OF HOSPITAL (If not in hospital, give street Armacost Nursing Home, 81)	

Baltimore 12.

d. STREET ADDRESS e. IS RESIDENCE ON A FARMA 526 Castle Dr. YES T NO

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

	111111111111111111111111111111111111111	rarozno nome,	Trog and the state of	
3.	NAME OF DECEASED	First	Middle	Last
	(Type or print)	William Grah	nam Stewart, Jr.	
S.	SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED B. DATE	OF BIRTH

4. DATE OF DEATH 5-5-9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys

Month

male	white w		DOWED [DIVORCED [
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done	10b. KIND	OF	BUSINESS	OR	INDI
expedit	or)	Rad	io	Mfg.		

USTRY 11. BIRTHPLACE (State or foreign country) California

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

Day

19 62

1	13.	FATI	HER'S	NAME
---	-----	------	-------	------

Wm. G. Stewart, Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

22222 17 INFORMANT

Barton Address

[44	no, or unknown)	(If yes, give wor or dates of service)	3
	18. CAUSE OF D	EATH [Enter only one couse p	er
	PART I. D	EATH WAS CAUSED BY:	

66-03-2655

Mrs. Hazel J. Stewart,

14. MOTHER'S MAIDEN NAME

above

_		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Massine (MS+2) are Levisial Remote lege.	2 Pry
	Conditions, if ony, which) Obstructive Jauxdice & Rypo Strothern line and	4 / 200
	gove rise to immediate couse (a), stating the under-lying couse last. DUE TO Co Librerryantosis alderne panereatic	?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) INJURY

o. m.

p. m.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

22d. ADDRESS

6100

(Stote)

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1	2	_		_

Doy, Year

20d. INJURY OCCURRED Not while of work

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

(County)

of work

1962, that (1) (we) last

saw the deceased alive an 220. SIGNATURE

21. I certify that (I) (this haspital) attended the deceased from

and that death accurred at GRM, from the causes and an the date stated above. ATTENDING

22c PHYSICIAN'S NAME (Type

23a. BETTAL CREMATION

5-7-62

23c. NAME OF SEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Baltimore, Md.

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

Brooks Funeral Service, Inc., Towson 4, Md.

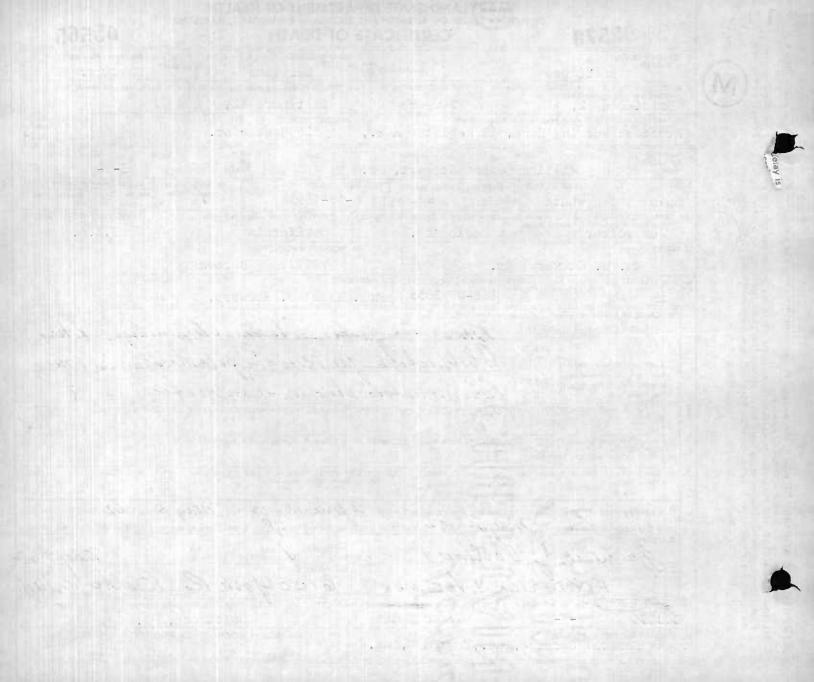
Green Mount

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Chilling & Thomas

TO FUNER

1SM 9/59



1		Division of STATISTICAL RESEARCH AND RECORD	DE SOLUTION OF HEALTH	P - 10 -
OR S	IAHE	WEDICAL EXAMINER	'S CERTIFICATE OF DEATH	5566
ALIH	HEAT.)	1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re-	sidenca before edmission)
Page es.	Va	Baltimore County MARYLAND	Maryland Bal	timore
r fil	10	b. CITY OR TOWN (il outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
your of of	Y	CARNEY LIVE	Baltimore	1 16 PECIPELICE
for for		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	ON A FARM?
ned	4	2910 Scherer Hue Middle	2910 Scherer	Pay Year
he f	999	DECEASED (Type or print)	OF DEATH	10
to the	fler	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	STIPA May 28	EAR IF UNDER 24 HRS.
nay wit	S II	WIDOWED DIVORCED	1 4 5 4 1 4 . 4	ays Hours Min.
2, al	Por .	10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDU:	3	EN OF WHAT COUNTRY?
1 39	72	dona during most of working life, evan if ratirad)	Rollings Md 7	U5A
3. F	if	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7
PM3		Thomas t. Slipa	BARBARA YAMIS	4
S. Giv		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (Yes, no, or unkown) (Ifyasgivawarordatasofservice)	. INFORMANT Address	0/ 0
with fo	any	NO	Thomas t. Slipa 2910	Jcherez Hu
5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.⊑ .=	1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
cil i	pue	IMMEDIATE CAUSE (a) Interstitial Phen	ionitis	
pen ice	Ti .	7 d.4.0 DUE TO		
"i Off	OE .	gava risa to immadiata causa	phyxia due to plastic cover	
ding ner's	Pr Te	(a), steting the underlying DUE TO	on a car bed	
pen		ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
rd " Ex	cremation	Interstitial Pneumonitis		PERFORMED?
edica	C de C	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Part I or Part II ol Item 18.)	1 110 (2) 110 [1]
# 5 4	<u></u>	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED Found face down wi	th head in corner of plastic ca	ar crib
Chief	-	TO BOULD A	PLACE OF INJURY (Homa, farm, '20f. (City or town) (Count factory, street, office bldg., atc.)	y) (Slale)
00	03	Hour a.m. May 289 6 at work at work	Home 2910 Scherer Ave. F	Balto.34,Md.
cate to the	prio	21. I certify that I took charge of the remains described above,	held an Autopsy X, Inspection , Inquiry ,	and in my opinion
Jed TOT	ent,	death resulted from: Matural Laures . Accident X. St	uicide, Homicide, Undetermined manner	
war Var	De D	IN IN NI	CHIEF MEDICAL EXAMINER	
for T. T.	ate	SIGNATURE / Kenny / / / / / / / / / / / / / / / / / /	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
d be for	designat	EXAMINER'S	DEPUTY MEDICAL EXAMINER	
should	ь В	NAME (Type) HOWARD G. SHAUB, M. D.	Addrass (Streat, city, town, or county) OR CREMATORY 22d, LOCATION (City, town, or country)	May 29, 1962
Plea Shar		SEMOVAL (Specify) Man -1 (6/4 M and /	m , / K 1-	md
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TO HOST IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death 4 may be retained by the hospital or attending physician.	Cor	iled
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T	R A15	(4)
1:	Y TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove arrow page 3 should be detached for use as the burial-transit permit. Then please remove arrow page 3 should be detached for use as the burial-transit permit. Then please remove arrow page 3 should be detached for use as the burial-transit permit.	S. be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

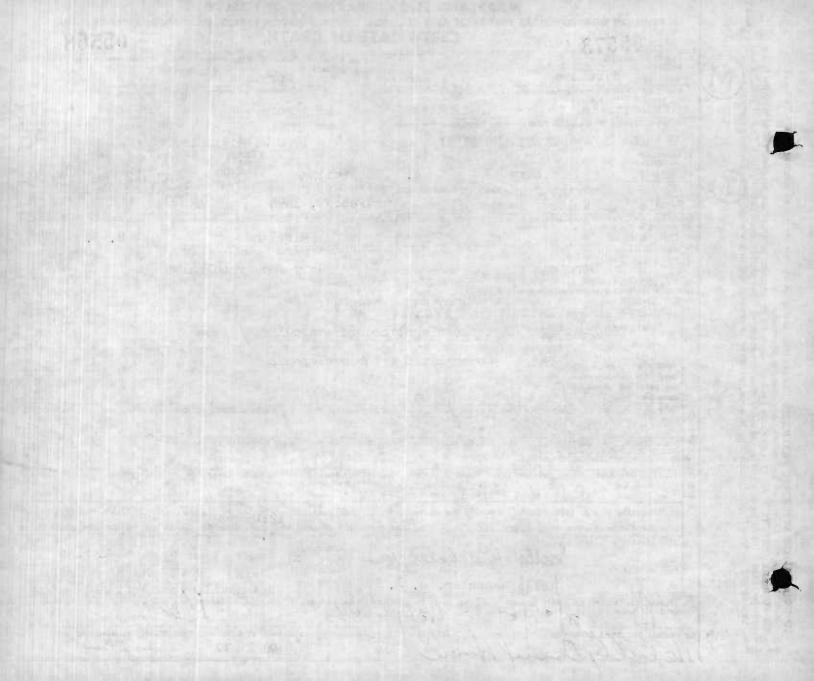
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 05572 CERTIFICATE OF DEATH

DECTREED (Type or print) A RAY Alice Maty Stuart DEATH May 1 1962 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 10 10 10 10 10 10 10 1												
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Sho sho	5	228. SIGNATURE (TO, AD A D ATTENDING MED. STAFF	22b. DATE SIGNED
174 H 0 4		Stella Wallisler, M. D.D. PHYS. DIRECTOR PHYS. 5-22.	-62
RA	/	NAME (Typa)	SPITAL
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death. TO FUNERAL director, page	0.	238. BURIAL (CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Spacify) 23d. LOCATION (City, town or county)	(01010)
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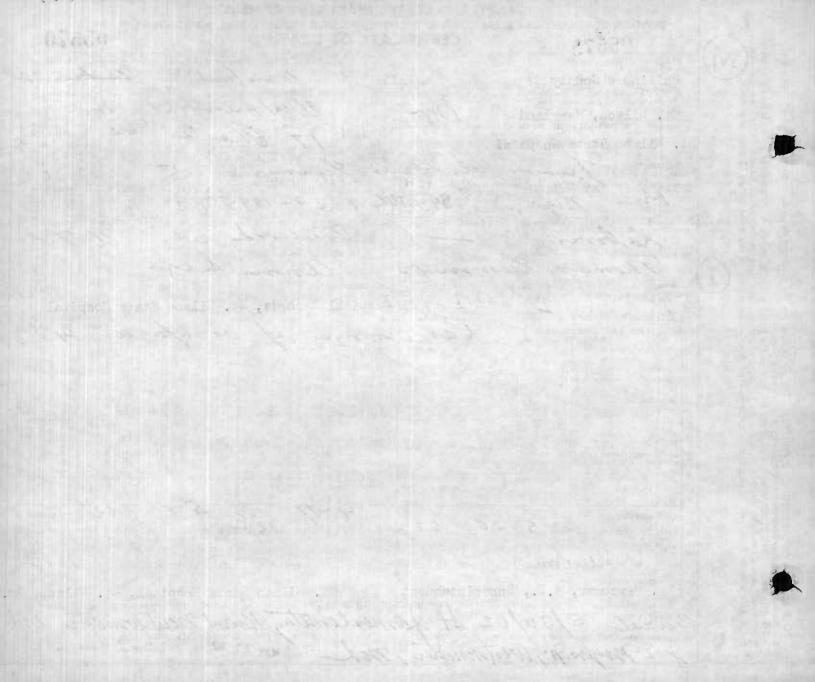


VR A15 (4) 15M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bafore admission) e. COUNTY Baltimore County by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b WN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Mt. Wilson, Maryland
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RYLAND STATE DEPARTMENT OF HEALTH



OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 by

TO FUNETR VS A15 (4) 15M 9/55

TO HOSPIT

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 24 hours after 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) write BURAL and give nearest town) == 134-10 Pages COURTAN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? URT REHABLYATION CENER YES NO X completely NAME OF DECEASED OF (Type or print) DEATH MAY 19 and cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Days July 15, 1887 WIDOWED DIVORCED [physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retined USSIA Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RZBECRA SAAC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yes, no, or unkown) | (If yes give we ror detes of service) BERNARD SWEREN, 55/3 PRICE AVE arterios chrotic disease INTERV. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause oper line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying DIRECTOR: After this certificate
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RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Baltimore Md. Baltimore by the and 2 seed death. MARYLAND b. CITY OR TOWN (if outside cosporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Catonsville Catonsville filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 417 Overbrook Road 417 Overbrook Road YES NO TE etely papers. 3. NAME OF First Middle DATE DECEASED DOMENIC TASCA (Type or print) DEATH 19 62 May 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. birthdey) Months May 31. 1886 male WIDOWED TX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired physici Hartz-Bank U.S. ret-tailor Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria Joseph Tasca ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) PVC Rena Webster, dght. 1B. CAUSE OF DEATH [Enter only one course INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY. 5110 R79 IMMEDIATE CAUSE (a) ecualic 400 9 disas DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 20a. ACCIDENT WAS UNDERLYING IT 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) Month, Dey, Yeer factory, street, office bldg., atc.) Not While Hour a.m. o et work et work p.m hespital attended the deceased from. deceased alive on. 19 and that death occured at M.M., from the causes and on the date stated above SIGNATUR ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (Steta) Entombmen Baltimore, Md. 高点 Lorraine Mausoleum 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Schimunek Funeral Home VR A15 (4) arthur & Kroug 15M 9/60 Brehms Lane

MARYLAND STATE DEPARTMENT OF HEALTH

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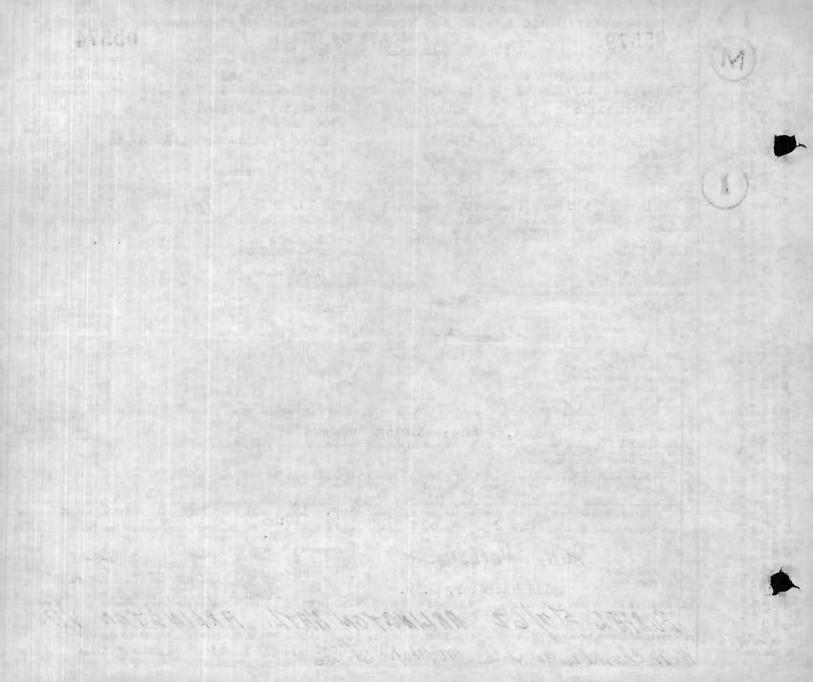
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Charles b. Schimune Fungral Force 3331 Frence Lane

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MARYLAND STATE DEPARTMENT OF HEALTH



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DATE MAY 2 5 '62

. IS RESIDENCE ON A FARM?

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PERFORMED?

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22b. DATE

Cirilary S. Thouse

SIGNED

IF UNDER 24 HRS.

FUNERAL J.O VR A15 (4) 15M 9/60

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attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effect to death. Page 4 may be related by the hospital or attending physician

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECO TON STREET, BALTIMORE 1, MARYLAND 05582 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore County b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1h CITY OR OWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Mt. Wilson State Hospital ON A FARM? YES NO T 3. NAME OF Middle Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY country) dona during most of working life, aven if ratired) boly letrica SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give wer or dates of service) Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiate causa (e), stating the underlying DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) Hour e.m. fectory, street, office bldg., atc.) While Not While at work at work 22a. SIGNATURE 22b. DATE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN 22d. ADDRESS Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital. Mt. Wilson, Md. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 5 3 BURIAL 6-1-62 Baltimore National Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE A15 (4) Wm.Cook, Inc., 1217 St.Paul Street, ZONE 2 M 9/60 1 '62 DATE Chilling S. House

A STIGHT Variettis P. CHOL 81 1736 EVIN AND TOBERT KNOWN TOBERS TO A 406 8 8 E 24 Low Server The ROBERT T. THOMAS J. W. MARY BIDELHAUSER 216-12-75-7 2 Hound Warrendo, II., Millon State The asherman and free house war of Talker and the 01 Andria Strate Lucid Williams 10 10 2 2 20 11 TO 5.129 202 A NOB TO STEE The second state of the second state of the second state of the second s The least the state of the stat LAND STATE DEPARTMENT OF HEALTH

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TO HOS TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death.

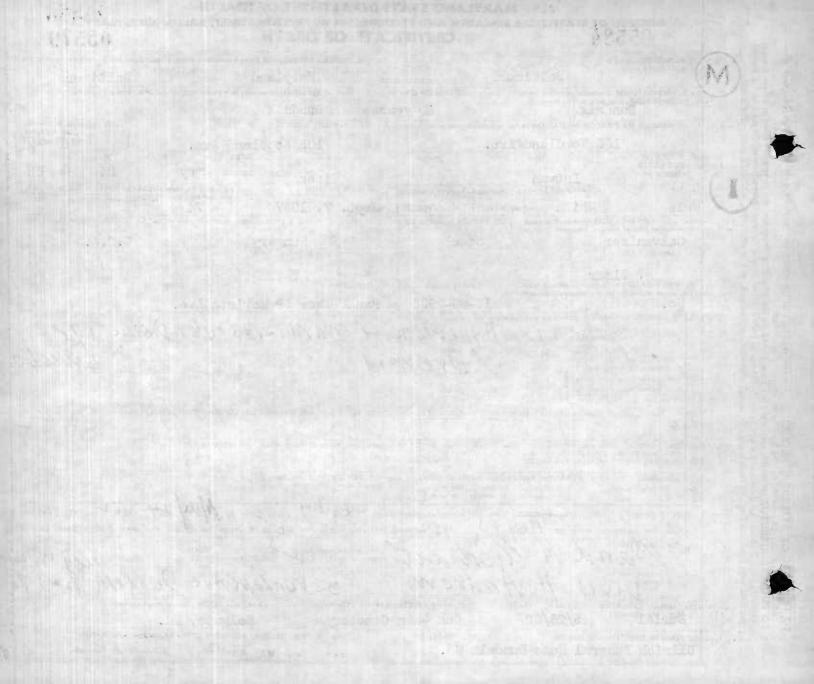
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capeor, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

MADYLAND STATE DEPARTMENT OF HEALTH

	MARILAND SIMIL DEF	MRIMEINI OI	HIENER HAR	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	
05584	CERTIFICATE	OF DEATH		05579

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(Yes, no, or unkown) (If yes give wer or detes of service)	3-09-2983 Pa	NFORMANT ?		dress	INTERVAL BET	
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21. I certify that (I) (this heading) attends saw the deceased alive on	ded the deceased from	11 1 2	a.M. from the cour	/		above
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24 FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Home Dundal	ADDRESS Lk Md.		MAY 3 1 '62	REGISTRAR'S SIG	1 -	



may be the hospital or at 12 Meet 12 M

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE OF DEATH TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution, Rasidance before admission) a. COUNTY b. COUNTY Baltimore Page Baltimore Marvland uld be executed within 24 hours after death. If any way is necessary in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files, ourial-transit permit. File pages 1 and 2 with the State Board of Health lovel, and in any event, within 72 hours after death. MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town Middle River Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 44 Henderson Road 44 Henderson Road YES NO NAME OF Middle 4. DATE Month Day Yaer DECEASED (Type or print) DEATH 62 Wilma Vance Mav G. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 39 yrs. Months Days Hours July 29, 1922 Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) USA Laundry Maryland Presser 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rhodes William Irene 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yas give war or datas of service) Clarence Vance Same No 216-16-5 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN Medical Examiner's Office along valued be used as a burial-transit percentage of the control of ONSET AND DEATH Ocelusion PART I. DEATH WAS CAUSED BY: O Men IMMEDIATE CAUSE (a) DUE TO This certificate should Conditions, if eny, which (b) gava rise to immediate causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete) factory, straet, office bldg., atc.) Whila Not While MEDI Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa Address (Street, city, town, or county) DE 22c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 22b. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Meadowridge Mem. Pk. Anne Arundel, Co., Md. 0 Burial P40 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR arthur S. Firms Eastern Ave. #21 DATE AY 1 4 '62 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

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James B. Brand Market Larry arthur Sys. 22 - - 27 7 F. Larry Brand

FOR STATE please execute the certificate, writing the word "pending" in pencil in least 8. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or ris designated agent, prior to burial, cremation, or removal, and in any event—within 72 hours after death. By is necessary, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any or its designated agent, prior to burial, cremation, or removal, and in any event

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05582 05587 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF				NCE (Where deceased lived, If institution	on: Residence before edmission)
a. cookii	Baltimore	MARYLAND	e. STATE Ma:	ryland b. COUNTY	Baltimore
write R	TOWN (if outside corporate limits, URAL end give neerest town) Ings M111s	in transit		(If outside corporete limits, write RURALS MILLS	L end give neerest town)
	DE HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS		e. IS RESIDENCE
Reister	rstown Rd. nr. Gwy	nnbrook Ave.	6 Bywa	y Road	YES NO
3. NAME OF		Middle	Last	4. DATE Month	Dey Year
(Type or pri		Bruce	Walk	DEATH May	28 19 62
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers IF UND	
Male	and a	DOWED DIVORCED	Aug. 25, 194	6 last birthday) Month	ns Deys Hours Min.
done during n	nost of working life, even if retired)	IDS. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stete	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Studen		none		e City, Md.	U.S.A.
13. FATHER'S			14. MOTHER'S MAIDEN	NAME	
John (George Walk		Flora Virg	inia Beck	
	EASED EVER IN U.S. ARMED FORCES? skown) (Ifyes give werordetes of service	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No		None Mr	s. John Walk	,6 Byway Rd., Owing	s Mills, Md.
18. CAU	SE OF DEATH [Enter only one caus				INTERVAL BETWEEN
PAR	T I. DEATH WAS CAUSED BY	Compound fracture	of chull 1	eft	ONSET AND DEATH
81	2 X DUE TO	Jompound Iracture	or skull, i	CLC	Janua
	s, if eny, which (b)				
	g the underlying DUE TO				
cause last	. (c)				
Z PART	II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY PERFORMED?
N. N.	none				YES NO
	88 - CONTRIBUTING CT	DESCRIBE HOW INJURY OCCURED.		er for Perf II of item 18.) ar transport traile	er.
	E OF INJURY Month, Dey, Year		ACE OF INJURY (Home, fer		(County) (State)
	17 1 10 may	WhileNot While fe	ctory, street, office bldg., et .sterstown Rd	(c.)	Balto. Md.
21. I ce	ertify that I took charge of the	e remains described above, I	neld an Autopsy .	Inspection X. Inquiry X	, and in my opinion
	esulted from: Natural causes		icide . Homicide		
		/	CHIEF MEDICAL	EXAMINER	
ACTUAL	TURE D. D. Ca	plis	M.D.	DICAL EXAMINER	DATE SIGNED
EXAMIN NAME (NER'S D D Caples			al examiner K Any, 10 Reisterstown, M	d. May 29, 196
	CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or cou	uniry) (Stele)
Buria				s Finksburg, Carr	
23. FUNERAL		ADDRESS	24e. RE	ec'd by REGISTRAR 246. REGISTRAR	S. Hause
Henry J	James Eckhardt, Ow	ings Mills, Md.	DATE	AY 31 '62 Culling.	s. Hatte

VS. AISME SM 9/60

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4 7 5			b. CITY OR TOWN (write RURAL and	give neerest tow	vn)	c. LENGTH	OF STAY IN 16	c. CITY OR TO	WN (If outside o	corporete limits, wr	ite RURAL and give	neerest town)
in din din	0.1	_	CATON.	SVILLE				16/14/1	OUSTI	KAE Bal	timore	3 VOI T
fille Pag urs	40	-	NAME OF HOSPI			in hospital, give stre	et address)	d. STREET ADD	RESS COI	ngress Ho	tel	a. IS RESIDENCE ON A FARM?
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ding olean	(FAI	VARD	1,1	111		16011		(anas)	/	
then the sal, a	(I)		WAS DECEASED EV	ER IN U.S. ARME	D FORCES?		RITY NO. 17.	INFORMANT	2/4/	MACHE Addre	55	
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ian.			18. CAUSE OF I	EATH [Enter on	ly one ceus	e per line for (a), (b),	and (c).]	4 23 7016	6-11 1-N	TA MIL-		TERVAL BETWEEN
ysic bd bel per			PART I. DEAT	H WAS CAUSED	BY: ISE (e)	Carcino	na of	the pros	tate w	ith met	astis	ASET AND DEATH
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ding ding sen sen sel-tra			Conditions, if en		(b)		4					
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or a ba ha he he he he he he			cause last.		(c)							
IA ital	0	NOI	PART II. OTHE	SIGNIFICANT C	CONDITION	S CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE T	ERMINAL DISEA	SE CONDITION G	IVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
SIC losp ertif use use		CERTIFICATION										YES NO
He ha he ho is con for hold h		ERTIF	200. ACCIDENT W	CAUSE OF DI	EATH	. DESCRIBE HOW IN	NJURY OCCURED	. (Enter neture of inju	iry in Pert I or Pe	ort II of item 18.)		
Seath the			(IF EITHER, NOTIFY		11	201 11111111111111111111111111111111111	DDFD - CO DI	ar or billing at		P**		(6)
Aft Aft of H		WEDICAL	20c. TIME OF INJU	JRY Month, De		While Not While	e fec	CE OF INJURY (Home ory, street, office bldg	e, term, 201. (City or town)	(County)	(Stete)
ENT stain P. G. de de de de de		W	p.m.		17	et work et work		E / 1 /	1	E / 4		
d b d b		Н			5/17			5/1/				
RE bou			saw the decea	sed flive on	21.1.	19	2.6., and that	death occured	at223.M, fr	om the causes	and on the d	ate stated above
DE OS			226. SIGNATURE	1/8 /1:	K	will		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNED
A A I A I A I A I A I A I A I A I A I A			22c. PHYSICIAN'S	10	//	0-1		D. PHYS. W				110/02
A', P	-		NAME (Type	Wm. E	. Mc	Grath. M	1. D.	1303	Freder	ick Rd.	. Balto.	28
HO ath, FU FU		238	. BURIAL, CREMAT	ION, 23b. DATE				OR CREMATORY		OCATION (City, t		(State)
54543	. ()		BURIAL	5/2	1/62	- Knop	ON PI	+ CENTY	, B	ALTO.	MD.	
VR A15 (4)	M	24	FUNERAL DIRECTO	S'S SIGNATURE	1	ADDRI	ESS	25.	PEC'D BY DE		EGISTRAR'S SIGNA	
15M 7/61	D.	10	ITZKE,	1101 E	DMON	UDSON A	UE.	DA	TE MAY 21	'62 C	Irthur S. The	WE

MARYLAND STATE DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Baltimore County the d 2 MARYLAND hours after death b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 (If outside corporete limits, write RURAL end give neerest town and write RURAL end give neerest town) ģ filled in Pages 1 Mt. Wilson, Maryland Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address . IS RESIDENCE ON A FARM Mt. Wilson State Hospital completely 3. NAME OF Middle Month DECEASED THON DEATH (Type or print) 196 9. AGE (In yours | IF UNDER 1 YEAR carbon IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last binhday) Months WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? remove USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Then please 13. FATHER'S NAME ARELLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yes, no, or unkown) | (If yes give wer or detes of service) Hospital Records, Mt. Wilson St. Hospital physician. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), end (c).] þ ONSET AND DEATH DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Se NO use 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, ferm. (County) (Stete) 20d. INJURY OCCURRED | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer fectory, straet, office bldg., etc.) Not While Whila Hour a.m. at work at work TOR: 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on 6......196.2 and that death occured at .M, from the causes and on the date stated above. 22b. DATE 22e, SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN FUNER Wm. Newcomer, M.D., Superintendent Mt. Wilson State Mt. Wilson. Hospital, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23e. BURIAL, CREMATION, 효학 0 25b. FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05591 CERTIFICATE OF DEATH 05586

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If i		e before edmission
Baltimore MARYLAND	Marylar		Baltimo	re
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Dundalk	c. CITY OR TOWN (If out	tside corporata limits, write	RURAL end give n	eerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	F F F F F F F F F F F F F F F F F F F		e. IS RESIDENCE ON A FARM?
A-22, Dunleer Apts.	A-22, Dunleer	Apts.		YES NO
3. NAME OF First Middle DECEASED	Last 4.	DATE Month	Day	Yaar
	EBB	DEATH May	17	19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers		IF UNDER 24 HRS.
	July 27, 1893	last birthdey) 68 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)		State, or foreign country)		WHAT COUNTRY
At home	Maryland		U.	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM			
Albert Bull	Charlott	te Chalk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgive werordetesofservice)	INFORMANT	Address		
No.	s. Robt. Purgav	rie 3011 Dunm	urry Roa	d-22
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	^ 1		INTI	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOKOWANY	Occlus	um	ON	SET AND DEATH
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5-6-1/- T	Isexe			Sun
gave rise to immediate cause	, , , , , , ,			fran
(a), stating the underlying DUE TO				
z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T BELATED TO THE TERMINIAL	DISEASE CONDITION CIVI	ENI IN DADT 1(a) 10	WAS ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T KELATED TO THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART I(8)	PERFORMED?
			Y	ES NOTE
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	triler neture of injury in Pert	l or Pert II of item 1B.)		
3 20c. TIME OF INJURY Month, Day, Year / 20d. TNJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, lory, street, office bldg., etc.)	201. (City or town)	(County)	(Steta)
20c. TIME OF INJURY Month, Day, Yeer 20d TNJURY OCCURRED 20e. PLA Hour e.m. While Not While fac fac at work et work	ory, street, office bidg., etc.)	200		
21. certify that (I) (this \$60\$pital) attended the deceased from.	May 16 , 191	- 1-10 / May 1.	7 19621	nat (I) (we) ia
	death/occured 60.00	M from the courses	P	
22e. SIMANRE	deality occurred ab	vi, nom me causes	and on me da	22b. DATE
1 / N/A N HAT OF	ATTENDING MED.	TOR PHYS.		SIGNI
22c. PHYSICIAN'S / M.B. Davis, M.D.	6800 MA	much last	Muda	6-22
	OR CREMATORY 12	3d. VOCATION (City, tow	or county)	(State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) 5/21/62 0ak Lawn Cer		Colgate. Md.	or county)	(31810)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		BY REGISTRAR 256. REG	GISTRAR'S SIGNAT	URE
Ullrich Funeral Home Dundalk, Md.			bothung S. His	
CALCULATE CALCULATION AND AND AND AND AND AND AND AND AND AN	DATE			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearast town) write RURAL end give neerest town) St. Mary's County July 22, 1938 ₽. Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Hollywood Rura Spring Grove State Hospital Replante of the Report of the Country YES NO D completely 3. NAME OF Last 4. DATE Month Dey Middle DECEASED 11 Mav DEATH 19 (Type or print) Bessie Weiner 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH lest birthdey) Months Hours Female WIDOWED DIVORCED X 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stale, or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U. S. A. Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Louis Blumberg and Rose Narun 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or dates of service) emoval Spring Grove State Hospital - Records 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thombosis IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic cardiovascular disease Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Dey, Yeer factory, street, office bldg., etc.) Whila Not While Hour a.m. et work at work) attended the deceased from July 22 1938, to May 11 , 19.62 that (I) (we) last 12.02 p. m. the causes and on the date stated above. 21. I certify that (M (this hospital) attended the deceased from ... saw the deceased alive on... Nay. 22e. SIGNATURE SIGNED ATTENDING MED STAFF PHYS. XX DIRECTOR PHYS. M.D. death. To 4 page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Mario Mendoza Spring Grove State Hospital director, be filed 23d. LOCATION (City, town or county) (Stata) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) TO Beth Isaac Adas Israel 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Levinson & Bros. 6010 Reisterstown Road arthur S. Kraus DATEMAY 1 4 '62 15M 9/60

24 hours after

death

Section of the Section of the Island Company of the Island Company

1. PLACE OF DEATH					Reg. Dist.	No.
o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ь. (COUNTY B	altimore
RURAL and give	(If outside corporate limits, writ nearest town) NSVIIICE	e. LENGTH OF STAY IN 16 1 1 2 yrs	X Catonsvil		, write RURAL and giv	e neorest lawn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stro in the Pines	11 11	d. STREET ADDRESS 215 Rosewood	od Ave.		e. IS RESIDENT ON A FARA YES NO
3. NAME OF DECEASED (Type or print)	Marie	Saxton	White		Month ay 19, 196.	Day Yeor
5. SEX Lemale		ARRIED NEVER MARRIED DWED DIVORCED	October 16,	7887 9. AGE (In years IF UNDER 1 ' rthdoy) Months D	YEAR IF UNDER 24 ays Hours M
100. USUAL OCCUPAT	ION (Give kind of work done 1 Pking life, even if retired)	ob. KIND OF BUSINESS OR INDU home	Baltimore		. 1	EN OF WHAT COL
13. FATHER'S NAME	William H. Sa	xton	Mary Armo	0 1	s	
15. WAS DECEASED EV [Yes, no. or unknown)	ER IN U. S. ARMED FORCES? [If yes, give wor or dotes of service] NO NE		nformant s Mary S. Ewe	alt 215	Rosewood 1	Ave. Z#28
PART 1. DE + 2 2 Conditions, if gove rise to couse (o), stating lying couse lost	the under-	esterioscherolic	cardiovase	ulan de	2012	ONSET AND DEA
PART II. O'	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU				PERFORME
PART II. O' PART II. O'	THER SIGNIFICANT CONDITION (AS UNDERLYING 20b. I G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year 20 WH	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED 120e. Place 120e.		ort I or Port II of iten	n 18.)	(a) 19. WAS AUTO PERFORMED YES NO
PART II. O' PART I	THER SIGNIFICANT CONDITION (AS UNDERLYING 20b. I G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year 19	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED for hile work of work start of the	D. (Enter noture of injury in F ACE OF INJURY IHome, form clory, street, office bldg., etc. 19.60., to 44	20f. (City or town)	(Con	PERFORMEI YES NC
PART II. O' PART	THER SIGNIFICANT CONDITION TAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year 19 of that I attended the decendant JOHN A JOHN A JOHN A JON, 22b. DATE THEREOF May 22, 796	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED work 20e. Pl fe work 10 while work 28. 28. 28. 29.2., and that death WESBITT 22c. NAME OF CEMETERY OF	D. (Enter noture of injury in F ACE OF INJURY IHome, form clory, street, office bldg., etc. 1960, to 13 accurred at 7401. M.D. /// 8 A	20f. (City or lown) 20f. (City or lown) M, fram the coappress (Street, city The Coappress of the Coappress (Street, city The Coappress of the Coappress of the Coappress (Street, city The Coappress of the Coappress of the Coappress (Street, city The Coappress of the Coappr	(Con 1962, that t la auses and an the or town, stote) 2, Mud y, town, or county)	performely yes No not yes No sit saw the dece date stated a DATE s 5-2/ (Stote)

D FUNEWAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h TO HOSPIT VS A15 (4) 15M 9/55

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AND THE REST WHEN THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF The Control of Charles of Charles The same of the sa ACTUAL DESCRIPTION OF STREET

===	05594 CERTIFICAT	E OF DEATH 05589
M Sould	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission e. STATE Maryland b. COUNTY
by the and 2 death	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
c - a ./	write RURAL end give neerest town) Caton Sville 29yrlmth2ldsy	Baltimore 3vol.4
rages in the safe	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM
hours	SPRING GROVE STATE HOSPITAL	2303 Allendale Road
(T)	3. NAME OF First Middle DECEASED (Type or print) Myrtle	WilcoxOm Death Month Dey Yeer WilcoxOm Death May 20 19 62
Market Market	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	female white WIDOWED DIVORCED	Jan. 8, 1876 86 yrs. Months Days Hours Min.
event,	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIKIMPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY
<u>></u>	stenographer unknown	Maryland U.S.
0 =	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
P	D. C. Wilcox On	Elizabeth Hughes
m =	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give wer or detas of service)	INFORMANT Address
remova		ecords: SPRING GROVE STATE HOSPITAL
rem	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
or ren	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac	Pailure
cremation,	493 X DUE TO	5
ial, cremat	Conditions, if eny, which (b)	
5	geve rise to Immediate cause (e), stating the underlying DUE TO	
5	couse lest. (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \) NO \(\bar{X} \cdot \)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Pert I or Pert II of item 18.)
		ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
	Hour a.m. While Not While fec	tory, street, office bldg., etc.)
		Marrah 27 102 4 May 20 162 4 0 0 1
2	21. I certify that (us (this nospital) attended the deceased from.	March 27 : 0133, to May 20, 162, that (X) (we) lat death occurred at a
a la	saw the deceased alive on	22b. DATE
with the S	Cially Indiale	A.D. PHYS. DIRECTOR PHYS. 5-21-62
1	22c. PHYSICIAN'S	22d. ADDRESS SPRING GROVE STATE HOSPITAL
\$ /	NAME (Type) Stella Wachsler, M. D.	Caton sville 28, Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
0	CREMATION 5-24-62 Green Mount	P = 1 + 3
B1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
13	Wm.Cook, Inc., 1217 St.Paul Street, Baltime	ore 2 DATBLAY 2 4 '62 Colling & Thous

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Am. Cook, The., 1217 Bt. Paul Street, Halthone 2 COLUMN TO SERVICE STREET

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05595 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore MARYLAND arulana Baltimore b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) .= * Baltimore, 12 Baltimore 12 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDREST e. IS RESIDENCE ON A FARM? YES NOVY pletely 3. NAME OF Middle Lost 4. DATE DECEASED OF (Type or print) DEATH 19 Theobalo rbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER I YEAR lest birthdey) Months Deys Hours Min. an WIDOWED V DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Houseville Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 Then please Dr. Samuel Theobald a Canalino Dellas 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the (Yes, no, or unkown) | (If yes give we rordates of service) emovai Mrs. Caroline Pennington 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. DIRECTOR: 19.53 to. 124, 19.05 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on...... and that death occurred at. J. MM, from the causes and on the date stated above. 22e. | SIGNATURE 22b. DATE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL e bed 22c. PHYSICIAN 22d. ADDRESS NAME (Type) Peter van Berkum ector, I 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) D. p 3 Burial Pibonnillo 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Jenkins & Sons Co. 4905 York Rd., Balto. 12 DAMAY 15'62 Orthur & thous

MARYLAND STATE DEPARTMENT OF HEALTH

001.00 The Jensey Stone Co. 4205 Jan. Co., Entto Asterna Jan D. C. 25 Tiles TO HOS? "AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death."

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death. VR A15 (4)

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05.591

1. PLACE OF DEAT	H			2.		ENCE (Where	b. COU		Residen	ce before a	idmission)
Baltin	nore		MARYLAN	ND	a. STATE Ma	ryland	В. СОО	-			
	if outside corporete lim give nearest town)	îts,	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOW	'N (If outside o	corporata limits, wri	te RURAL an	d give	nearest tow	(n)
	Howard		52 days		Baltimore 3V01.4						
d. NAME OF HOSP	TAL OR INSTITUTION	(if not in hos	pital, give streat address)		d. STREET ADDRE	ESS			-		ESIDENCE A FARM?
Veter	ans Adminis	tratio	on Hospital		30	O N. C	ulver Str	eet			NO
3. NAME OF DECEASED	First		Middle		Last	4. DAT			Dey	Yee	r
(Type or print)	Edw	ard	J.	Ţ	Villiams	DEA	тн Мау		17	19	62
5. SEX			DEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR	IF UNDER	
Male	Negro	WIDOWE		Se	eptember	10. 19	last birthday)	Months	Days	Hours	Minz
10a. USUAL OCCUPA	TION (Give kind of wor	k 10b. K	IND OF BUSINESS OR IND				or foreign country) 12. CII	IZEN C	F WHAT	COUNTRY
Chauffeu			Cab Company		Baltimo	re. Mar	frefre		II C	S.A.	
13. FATHER'S NAME			Jan Odniponi,	14.	MOTHER'S MAID		Jacana		_U.L).A.	
Oscar Wil	lliams				Joseph	ine Wi	lliams				
15. WAS DECEASED EN	ER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INF			Records, de la	VA Hos	spit	al.	
Yes	WW II	2	18-05-7586	For	t Howard			72. 220.	JP L	, ,	
18. CAUSE OF	DEATH [Enter only on	e causa per l	ine for (e), (b), end (c).]		Tara Home of	, 110ma J.	LCM CC_			TERVAL BET	
PART I. DEAT	H WAS CAUSED BY:	Pulr	monary Infar	etior	. Recurr	ent			/	week	
111/	DUE TO		J BOOK ST		, 1100011					11001	
Conditions, if on	-		nonary Vein	Th won	hoses				6	week	
geve rise to immed	1-		HOHOT A ACTIL	THION	IDOBCS		* ***	130		Meer	- 64
(e), stating the causa last.	ingenying	Dlane	matic Heart	Dige	2056				11	nknov	m
	R SIGNIFICANT COND		TRIBUTING TO DEATH BL			RMINAL DISEA	SE CONDITION GI	VEN IN PAR	-	9. WAS A	
2										PERFC YES	NO K
200 ACCIDENT W	'AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	CURED. (En	ter nature of injury	in Part I or Pe	ort II of item 18.)			11.0	
OR CONTRIBUTING	CAUSE OF DEATH										
20c. TIME OF INJUNE Hour a.m. p.m.	19	While et wor	Not While	factory,	OF INJURY (Home, street, office bldg.,		City or town)	(Cou	inty)		(Stete)
21. I certify	that (this hosp	ital) atten	ded the deceased fr	romME	arch 26		10 May 18				
saw the decea	sed elive on Ma	à 18	19 62 and	thet de	ath occured at	11:20A	om the causes	and on	the d	ate state	d above
22e. SIGNATURE	1				ATTENDING	MED.	STAFF		,		SIGNED
	(XI) re	ess	40	M.D.	PHYS.	DIRECTOR			5/18	3/62	
22c. PHYSICIAN'S	1	DOWN	MANY NO D		22d. ADDRESS	700m ***					
1777	LRVING	PREEN	MAN, M. D.		VAH,	FORT HO	DWARD, MA	RYLANI)		
230. BURIAL, CREMAT REMOVAL (Specify		62	Baltin		nas Cer	/	Dallino		1V)	0 15	itata)
24 FUNERAL DIRECTO	R'S SIGNATURE	100	ADDRESS	0	25a.	REC'D BY RE	GISTRAR 25b. RI	GISTRAR'S	SIGNA	TURE	
Chay	o wie		Bioneles	1	e DATE	MAY 24'	62 0	Mur S.	Krau	A	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporele limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS AWN e. IS RESIDENCE ON A FARM? 2120 SunBriar AVO YES NO Avo 3. NAME OF Middle DATE Month Yeer DECEASED (Type or print) DEATH Williamson 9. AGE (In years | IF UNDER 1 YEAR F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Months Mala WIDOWED DIVORCED 88 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? 100 life, even if retired) Balto.Co. U.S.A 14. MOTHER'S MAIDEN NAME Catherine Lacy George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) 219-28-9049 Wm. E. Williamson 2015 Kernan 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH cerebral Vasa Accident PART I. DEATH WAS CAUSED BY: ton IMMEDIATE CAUSE (e) Cerebral a serios elevisis DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enfer nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) Month, Dev. Yeer factory, street, office bldg., etc.) Not While While Hour a.m. at work at work saw the deceased alive on...... 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 1037 Ingleside Ave. Max 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Woodlawn. Md. Lorraine Par Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 2 9 '62 DATE Cillun S. Kran

RYLAND STATE DEPARTMENT OF HEALTH

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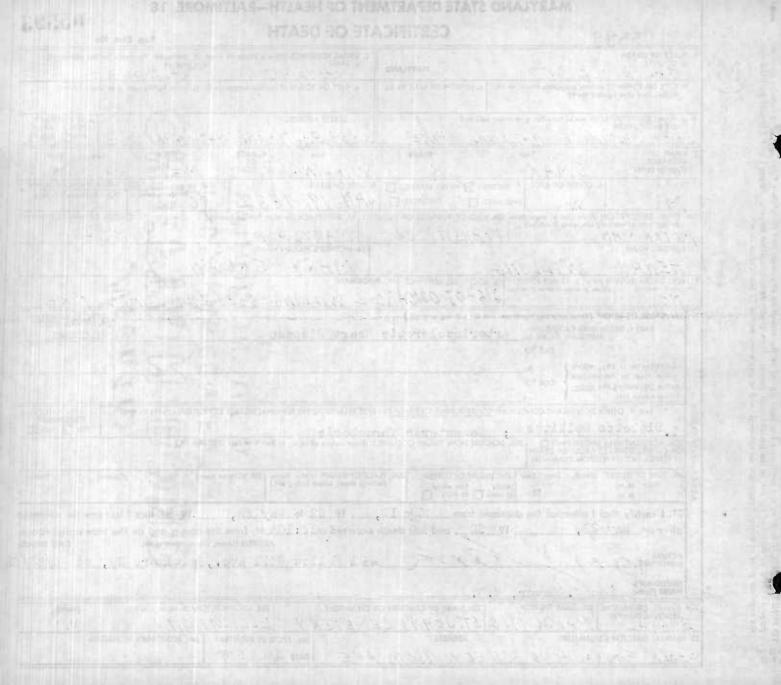
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IAT/	BALTO. COUNTY	MARYLAND	MARYLAND	BALTIM	ORE
	b. CITY OR TOWN (If autside corporate limits, RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsid	de carporote limits, write RURAL on	d give nearest town)
X	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	ve street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	5539 BALTIMORE NA	TIONAL PIKE	5339 BALTIMO	RE NATIONAL PI	KE YES NO
	3. NAME OF First	Middle		DATE Month OF	Day Year
	(Type or print) DMAR		WILLING	DEATH MAY	23 1968
		7. MARRIED NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH	lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HE Doys Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work do		STRY 11. BIRTHPLACE (Stote or f	oreign country) 12 (ITIZEN OF WHAT COUNT
	during most af working life, even if retired) MOTOR MAN	TRANSIT CO.	MARVIANI	noting recommy	11 C A
	13. FATHER'S NAME	17/1/13/1 60.	14. MOTHER'S MAIDEN NAM	E	U.S.M.
T	HENRY WILL	INC	MARY 1	BROWN	
(4)	15. WAS DECEASED EVER IN U. S. ARMED FORCE		NFORMANT	Address	
	[Yes, no. or unknown] (If yes, give wor or dates of ser		SE WILLING	5539 RALTO, NA	TI PIKE
	1B. CAUSE OF DEATH [Enter only one cou-			000000000000000000000000000000000000000	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Arteriosclerotic	Heart Disease		unknown
	4 DUE TO		220000		WILLIAM TO THE
	Conditions if any which)				
	gove rise to immediate				
	coese (a), stoting the under-				
^		ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS
0	3 1 Diabetes Mellitus	: Mesenteric Th	rombosis		PERFORMED?
	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE		1 ar Part 11 of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	20d. INJURY OCCURRED 20e. PL fa work at wark	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	POF. (City or town)	(County) (Stat
	21. I certify that I attended the	deceased from May 11	, 19 62, to May	23 19 62 that	I last saw the decea
	alive an May 23	, 19 62 , and that death			
		100		RESS (Street, city ar tawn, state)	DATE SIG
	ACTUAL SIGNATURE	Dong	M.D. 1 Mallow Hil	l Ave. Baltimore	29 Md 5/23
1	1 1 1	Bora	M.D. 1 Mallow Hil	l Ave. Baltimore	29, Md 5/23
1	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Leo J Gaver	M.D.	M.D. 1 Mallow Hil	l Ave. Baltimore	29, Md 5/2:
1	PHYSICIAN'S NAME (1796) LOO J GAVEY 220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY 22cc	I. LOCATION (City, tawn, or county	
1	PHYSICIAN'S LOO J GAVOY		OR CREMATORY 22cc	2424244	
1	PHYSICIAN'S NAME (1796) LOO J GAVEY 220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY 22cc	I. LOCATION (City, town, or county LL/COTT CITY (REGISTRAR 24b. REGISTRAR'S)	(Stote)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY MARYLAND Baltimore Co. Maryland Anne Arunde b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give naarest town) Catonsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Linthicum Heights d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1013 Hammonds Ferry Road House In The Pines Nursing Home YES NO X 3. NAME OF 4. DATE Middle Month DECEASED (Typa or print) DEATH May FRANKTE WILSON 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours 30地 Jan. Female WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Birmingham, Alabama Self-Employed U.S.A. Attorney 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dismukes Edmond Georgia Harrison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mr. Walton Wilson 1017 Hammonds Ferry Rd. 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) nsion Cardio-Vasendas Dissere Conditions, if any, which gave rise to immadiate cause (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 5 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Pert I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, straat, offica bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 21-13-, 1962 to 5-11, 1962 that (I) (we) last 22b. DATE 22a. SIGNATURE SIGNED 22d. ADDRESS 23a. BURIAL, CREMATION, | 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 中岛 Lorraine Park Mausoleum. FUNERAL DIRECTOR'S SIGNATION **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Cirlling & House 15M 9/60 Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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31 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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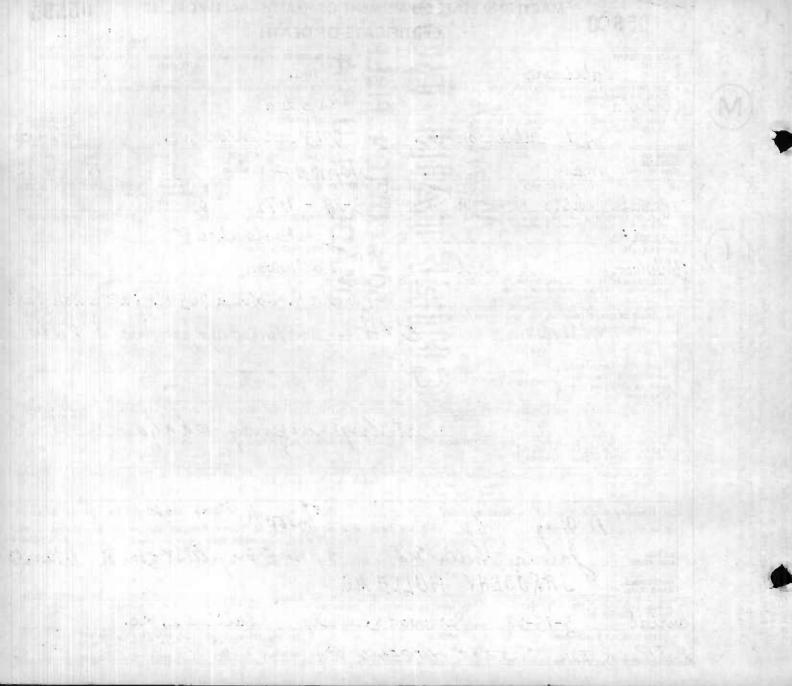
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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a COUNTY e. STATE b. COUNTY 1 2 T Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town 1 à E write RURAL and give neerest town) ed in t 8 days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 1904 Wilmington Ave. Veterans Administration Hospital completely NAME OF 4. DATE Middle Last Month DECEASED OF May 2 (Type or print) DEATH WOOD CHESTER L. 5. SEX 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and last birthdey) White 1896 Male December WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Oil Burner Industry St. Marvs Co. Md. Tester 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wood Mollie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Yes Clinical Records, VAH Fort Howard, Maryland 217-09-5 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: CHRONIC OBSTRUCTIVE EMPHYSEMA IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION use as prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After this lached MEDICAL 20e, PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work at work DIRECTOR hospital) attended the deceased from April 24 5, 3862 to May 2 1962, that (we) last 21. I certify that OK (this 19.62 and that death occurred at A.....M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S VA Hospital, Fort Howard, Maryland SEBASTIAN RUSSO, M.D. ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) 0.53 Baltimore National Baltimore, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS archus S. Kraus Wm. Cook-Blight, Inc. 6009 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

> IS RESIDENCE ON A FARM?

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edinission) a. COUNTY y is necessary, director. Page or your files. b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Baltimore d. STREET ADDRESS . IS RESIDENCE ō ON A FARM? YES NO TO Beaver Dam Quarry Lerew 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, e the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be towarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be to DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the page 1 and 2 with the permit of the pending 1 and 1 a 5. SEX AGE (In yeers IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Nonths Hours Min. white 18.1941 male WIDOWED May YIS. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland USA Steel Machine Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Teddy V.Workman Belcher Florence 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Kay B. Workman same as no 18. CAUSE OF DEATH [Enter only one cause per li INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO writing the word "pending" in he Chief Medical Examiner's Off Page 3 should be used as a bur ent, prior to burial, cremation, o gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO -20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of layury in Part | of fat | of lient 18.) Immediately after eating lunch attempted 20a. EXTERNAL CAUSE WAS swim across PRIMARY | or CONTRIBUTING | where water (County) quarry. Suddenly went under & stayed under CAUSE OF DEATH. MEDICAL forwarded to the Chie L DIRECTOR: Page 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY 2Df. (City or town) Month, Dev. Yeer fectory, street, office bldg., etc.) agent, Hour XaYmX While Balto. Md . 1962 et work | et work Juarry 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED cufe SIGNATUR DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) please 4 should Prun Health 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Belair Memorial Burial ardens BelAir, Maryland 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Gardens 23. FUNERAL DIRECTOR VR A15ME Cuthur S. Krons Walter Brooks Bradley, Inc., Dundalk 22, Md DATE MIN 5M 1/62

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on of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decaased livad, If institution: Residence before admission) a. COUNTY b. COUNTY director. Page Raltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give naarast town) Arbutus Baltimare 14 d. NAME OF HOSPITAL OR INSTITUTION (if not in hos ital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Coolidge Ave. Viol etsville 3005 Glenmore Avenue retained State YES NO X 3. NAME OF First 4. DATE Last Day Year DECEASED the d within 24 hours after death. If an 18. Give Pages 1, 2, and 3 to the form PM3. Page 5 may be retrinit. File pages 1 and 2 with the 22 19 62 (Type or print) Walter H. Wornell DEATH May with the 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. may 2 wit last hirthday) Months Days January 14,1899 Male White WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Plummer Construction Work New York, N.Y. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena Glaser James Wornell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yas giva war or dates of servica) with cil in Item 1 068-10-Leonia Wornell 3005 Glenmore Ave. Zone 14 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Thrombosis Coronary IMMEDIATE CAUSE (a) MEDICAL EXAMINER: This certificate should be DUE TO Conditions, if any, which "pending" m gave rise to immediate cause DUE TO Examiner' 95 (a), stating the underlying pesn causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION writing the word "e Chief Medical Ex Page 3 should be unit, prior to burial, burial, PERFORMED? NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the C. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) (State) Whila factory, street, offica bldg., etc.) Hour a.m. Not While xecute the cerm.

d be forwarded to the at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Geo. S.M. Kieffer 1010 Leeds Avenue NAME (Typa) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Q 4 0 REMOVAL 5-24-62 Fairview Cemetery Staten Island, New York 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Wm.Cook-Blight, Inc., 6009 Harford Road, Baltimore VR A15ME 5M 1/62 Cirlling & Thouse

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